

RESPECT-Mil: Early Intervention & Outcomes of PTSD & Depression in Primary Care

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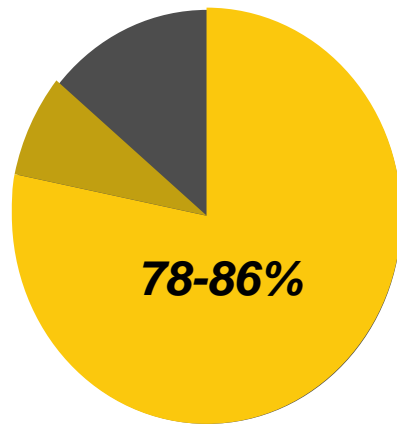
Why Primary Care?

A Gap Between Needs & Services

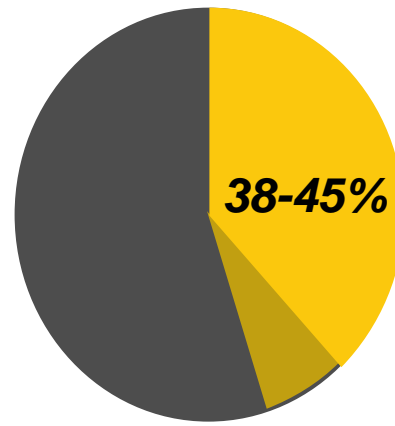
Among the 20% of Soldiers with moderate to severe disorder after OIF deployment...

Got help (past 12 months)

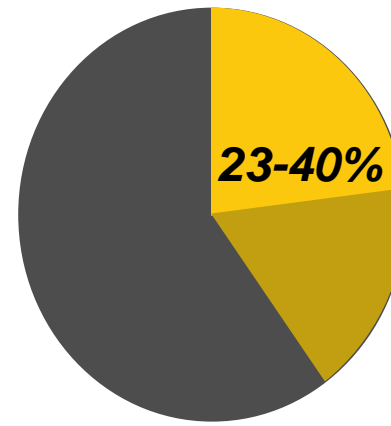
*Acknowledge
a problem*



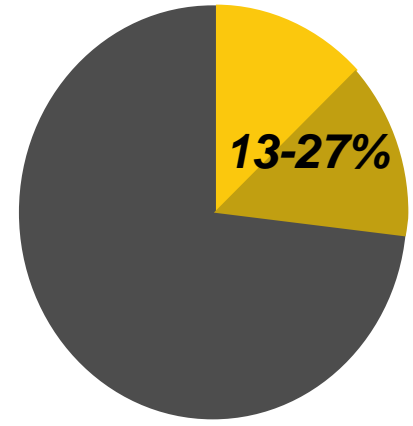
Want help



*Any
professional*

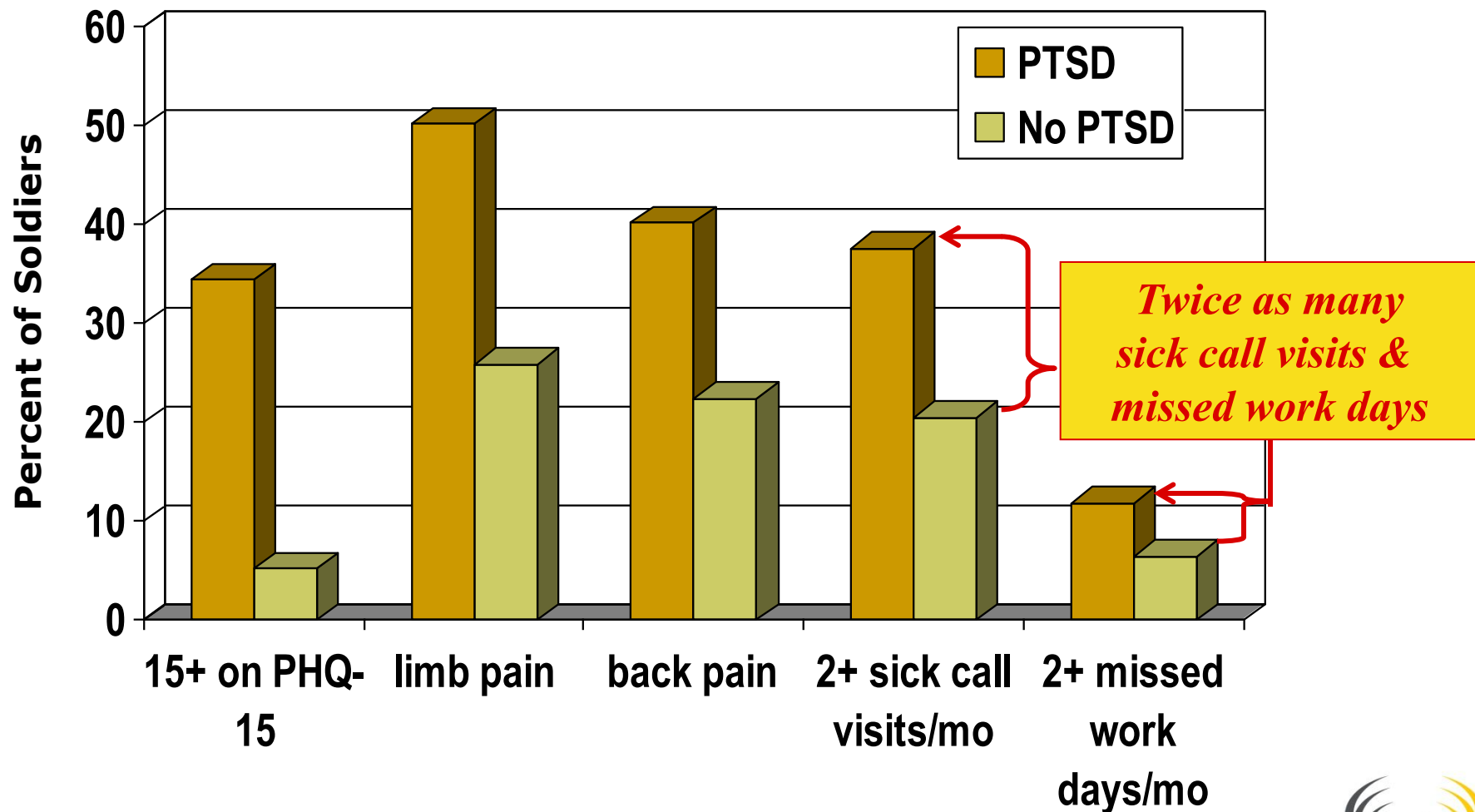


*Mental health
professional*



Potential for Offset: Service Use & Missed Work

2,863 Iraq War returnees one-year post-deployment



Primary Care...

Where Soldiers Get Their Care

- ★ Mean primary care use is 3.4 visits per year
- ★ 88-94% have one or more visits per year
- ★ Primary care approach to mental health is an **opportunity to...**
 - ★ Reduce stigma & barriers
 - ★ Intervene early
 - ★ Reduce unmet needs
 - ★ Reduce unnecessary service use

Primary Care Intervention is Evidence-Based

Randomized trials offer sound evidence that systems-level approaches benefit...

- ★ Depression (e.g., IMPACT Trial BMJ 2006)
- ★ Suicidal ideation & depression (Bruce et al, JAMA 2004)
- ★ Depression and physical illness (e.g., Lin et al, JAMA, 2003)
- ★ PTSD and physical injury (Zatzick, AGP, 2004)
- ★ Panic disorder (e.g., Roy-Byrne et al, AGP 2005)
- ★ Somatic symptoms (e.g., Smith et al, AGP 1995)
- ★ Health anxiety (e.g., Barsky et al, JAMA 2004)
- ★ Substance dependence (e.g., O'Connor et al. Am J Med. 1998)
- ★ Dementia (e.g., Callahan et al, JAMA 2006)

RESPECT-Mil

Re-Engineering Systems of Primary Care Treatment in the Military

Defense Centers of Excellence for Psychological Health & TBI
Office of The Surgeon General, Army
Deployment Health Clinical Center
Uniformed Services University
3CM®

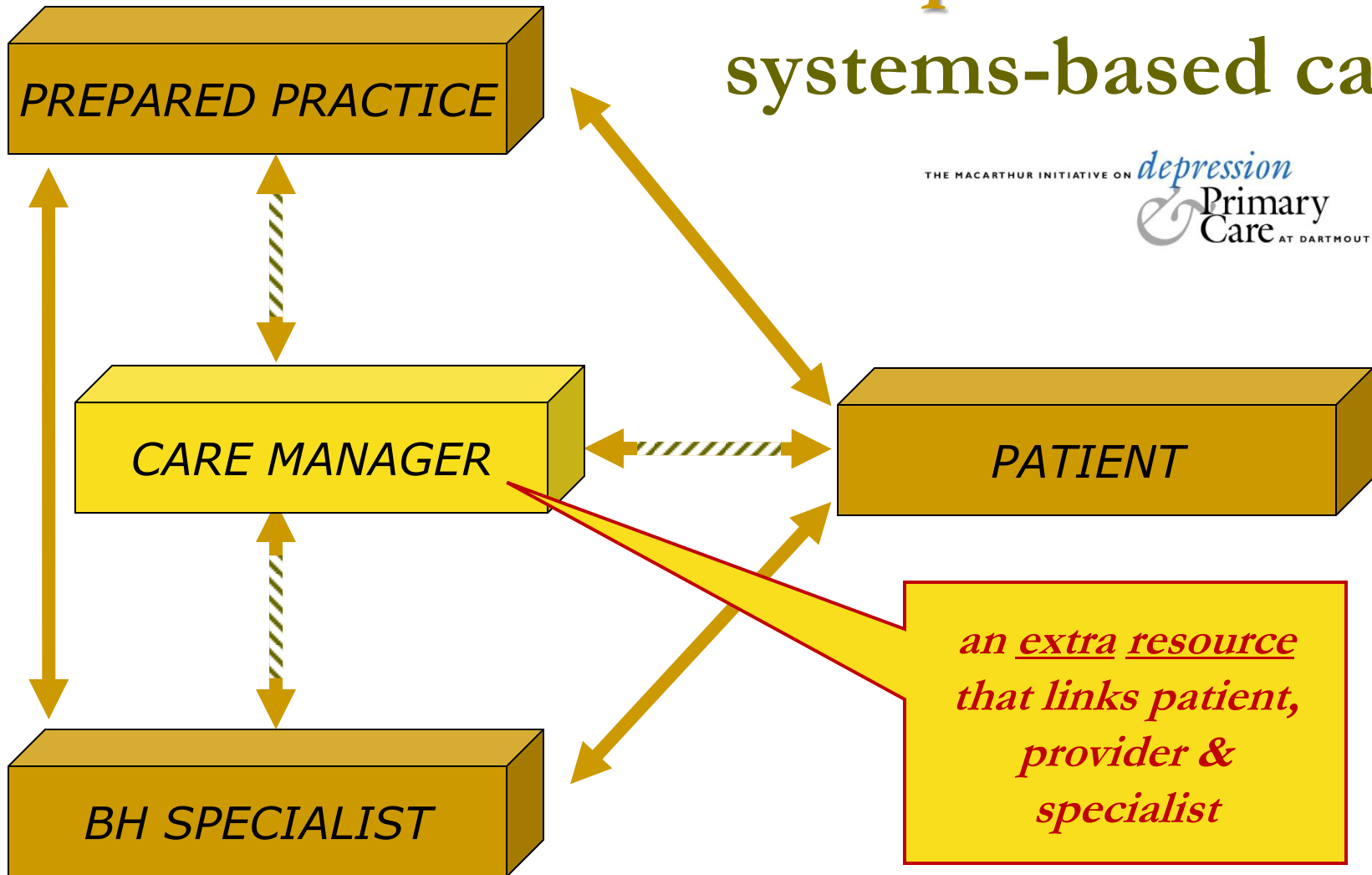
COLORADO SPRINGS, CO

5-7 OCTOBER 2010



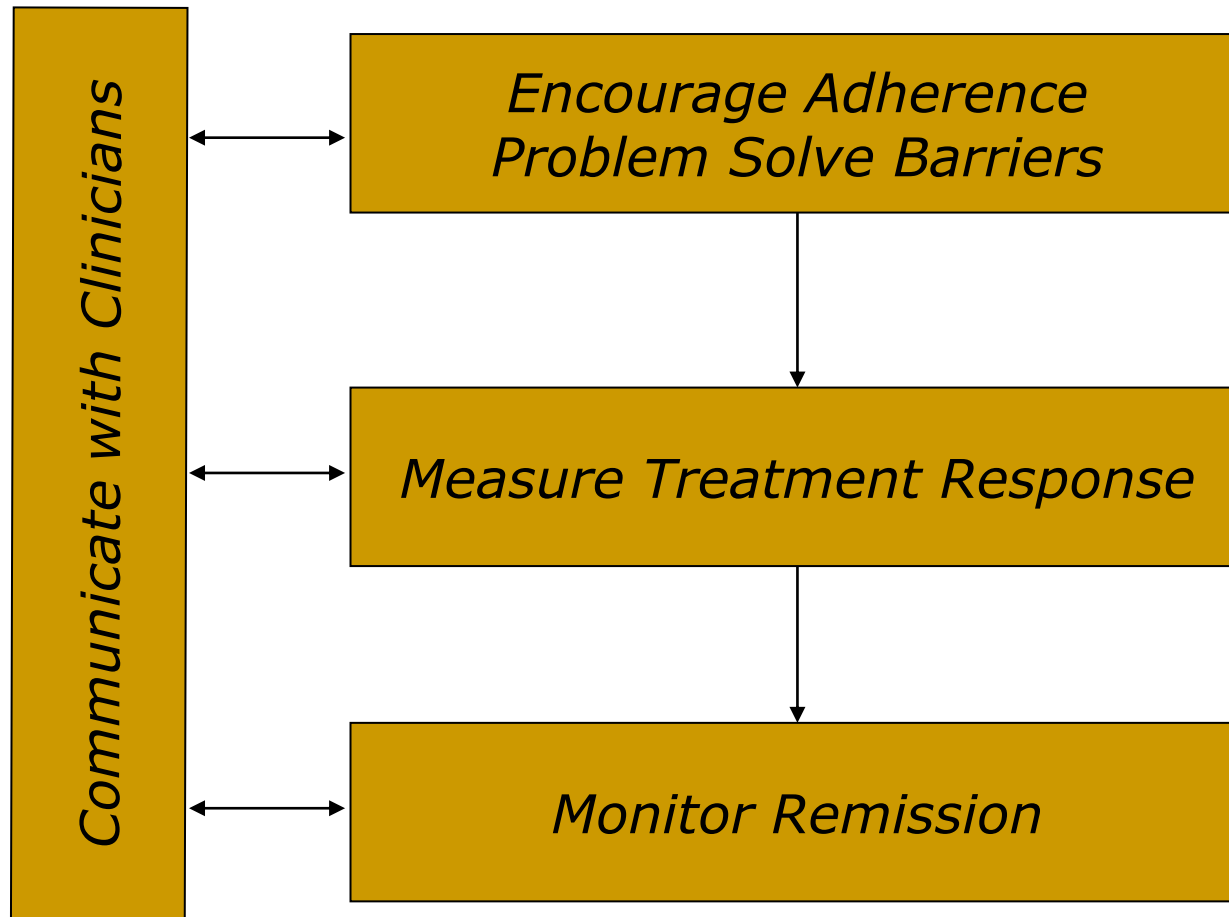
3 Component Model systems-based care

THE MACARTHUR INITIATIVE ON *depression*
& Primary Care AT DARTMOUTH & DUKE

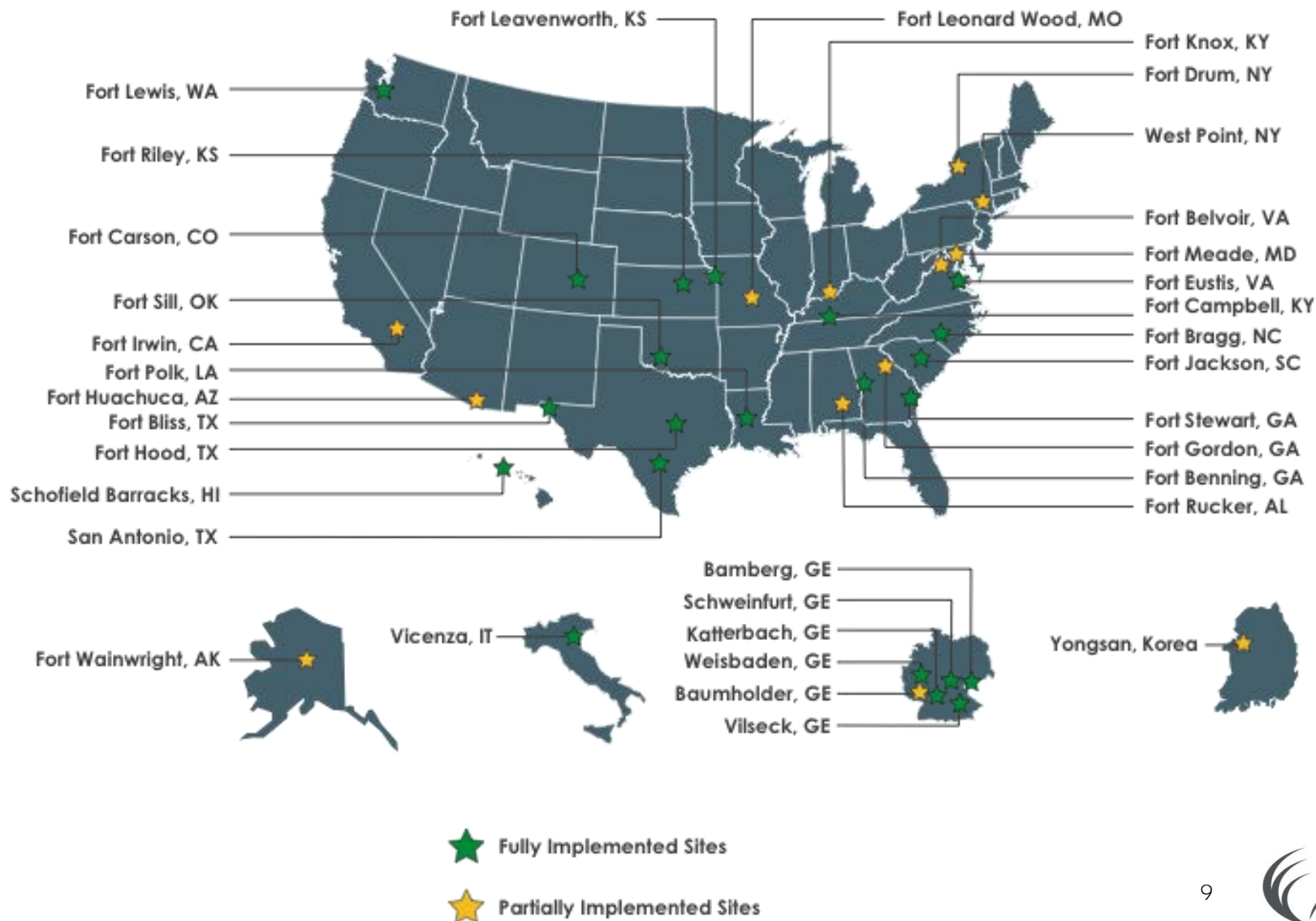


RESPECT-Mil

Care Facilitator Functions



RESPECT-Mil Worldwide Sites



Levels of Implementation

- ★ Micro: Clinic level implementation
- ★ Meso: Site level implementation (R-SIT)
- ★ Macro: Program level implementation (R-MIT)

RESPECT-Mil Implementation

Micro- or Clinic-level

- ★ Brief PTSD & depression screening (all visits)
- ★ Pre-clinician diagnostic aid
- ★ Patient education materials
- ★ Psychosocial options
- ★ Care Facilitator assisted follow-up option
- ★ Aggressive facilitator outreach & monitoring
- ★ Web-based care facilitation system
- ★ **"Just-in-time" treatment adjustment**
- ★ Weekly BH Champion review of facilitator caseload

RESPECT-Mil Implementation

Micro- or Clinic-level

- ★ **Brief PTSD & depression screening (all visits)**
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MEDICAL RECORD - RESPECT-Mil PRIMARY CARE SCREENING

For use of this form, see MEDCOM Circular 40-20; The Surgeon General is the proponent.

TODAY'S DATE: _____

The Army Surgeon General mandates that all Soldiers routinely receive the following primary health care screen. Please check the best answer to each of the questions on this page. Enter your personal information at the bottom and return this page to the medic or nurse.

PATIENT HEALTH QUESTIONNAIRE**SECTION I** *(Check all that apply):***Over the LAST 2 WEEKS, have you been bothered by any of the following problems?**

1. Feeling down, depressed, or hopeless.

☐ Yes ☐ No

2. Little interest or pleasure in doing things.

☐ Yes ☐ No**SECTION II** *(Check all that apply):***Have you had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH, you...**

3. Had any nightmares about it or thought about it when you did not want to?

☐ Yes ☐ No

4. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

☐ Yes ☐ No

5. Were constantly on guard, watchful, or easily startled?

☐ Yes ☐ No

6. Felt numb or detached from others, activities, or your surroundings?

☐ Yes ☐ No**FOR OFFICIAL USE ONLY****PATIENT'S HEALTH QUESTIONNAIRE** *(Additional Comments):*

Provider please reference section and question number when entering additional comments from patient.
Please sign and date entry.

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PTSD Instrument (PCL-C)

| PCL | | | | | | |
|---|---|---------------|--------------|------------|-------------|-----------|
| Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully circle the number in the box which indicates how much you have been bothered by that problem <i>in the last month</i> . Please answer all 19 questions. | | | | | | |
| No. | Response: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
| ONE | 1 Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| | 2 Repeated, disturbing dreams of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| | 3 Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? | 0 | 1 | 2 | 3 | 4 |
| | 4 Feeling very upset when something reminded you of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| | 5 Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| THREE | 6 Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it? | 0 | 1 | 2 | 3 | 4 |
| | 7 Avoid activities or situations because they remind you of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| | 8 Trouble remembering important parts of a stressful experience from the past? | 0 | 1 | 2 | 3 | 4 |
| | 9 Loss of interest in things that you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| | 10 Feeling distant or cut off from other people? | 0 | 1 | 2 | 3 | 4 |
| | 11 Feeling emotionally numb or being unable to have loving feelings for those close to you? | 0 | 1 | 2 | 3 | 4 |
| | 12 Feeling as if your future will somehow be cut short? | 0 | 1 | 2 | 3 | 4 |
| TWO | 13 Trouble falling or staying asleep? | 0 | 1 | 2 | 3 | 4 |
| | 14 Feeling irritable or having angry outbursts? | 0 | 1 | 2 | 3 | 4 |
| | 15 Having difficulty concentrating? | 0 | 1 | 2 | 3 | 4 |
| | 16 Being "super alert" or watchful on guard? | 0 | 1 | 2 | 3 | 4 |
| | 17 Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |
| For Primary Care Provider - Subtotal | | 0 | + | + | + | + |
| | | Total = _____ | | | | |
| 18 | IF you checked off any of the above problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? _____Not difficult _____Somewhat difficult _____Very difficult _____Extremely difficult | | | | | |
| 19 | During the last 2 weeks have you had thoughts that you would be better off dead, or of hurting yourself in some way? _____Yes _____No If 'Yes', how often? _____Several days _____More than half the days _____Almost everyday | | | | | |

RESPECT-Mil Implementation

Micro- or Clinic-level

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DESTRESS-PC - Web-based, nurse assisted, PTSD self-training

DElivery of
Self-
TRaining &
Education for
Stressful
Situations -
Primary **C**are version

Article

A Randomized, Controlled Proof-of-Concept Trial of an Internet-Based, Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder

Brett T. Litz, Ph.D.

Charles C. Engel, M.D., M.P.H.

Richard Bryant, Ph.D.

Anthony Papa, Ph.D.

Objective: The authors report an 8-week, randomized, controlled proof-of-concept trial of a new therapist-assisted, Internet-based, self-management cognitive behavior therapy versus Internet-based supportive counseling for posttraumatic stress disorder (PTSD).

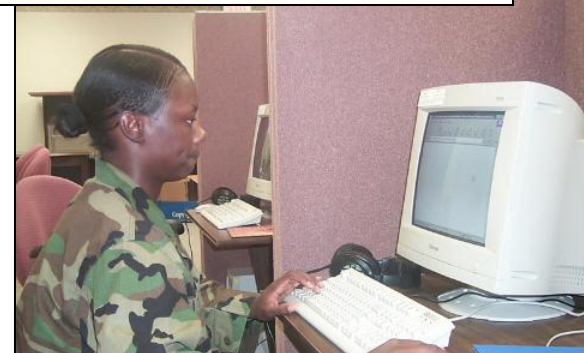
Method: Service members with PTSD from the attack on the Pentagon on September 11th or the Iraq War were randomly assigned to self-management cognitive behavior therapy (N=24) or supportive counseling (N=21).

Results: The dropout rate was similar to regular cognitive behavior therapy (30%) and unrelated to treatment arm. In the

intent-to-treat group, self-management cognitive behavior therapy led to sharper declines in daily log-on ratings of PTSD symptoms and global depression. In the completer group, self-management cognitive behavior therapy led to greater reductions in PTSD, depression, and anxiety scores at 6 months. One-third of those who completed self-management cognitive behavior therapy achieved high-end state functioning at 6 months.

Conclusions: Self-management cognitive behavior therapy may be a way of delivering effective treatment to large numbers with unmet needs and barriers to care.

(*Am J Psychiatry* 2007; 164:1-8)



RESPECT-Mil Implementation

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FIRST-STEPS — Web-based Care-Manager Support & Reporting System

The image displays three screenshots of the PBRMS (Patient-Based Reporting and Management System) web application interface.

Top Left Screenshot: Medication Management

This screenshot shows the 'Medication' page for a patient named Larry Gracen. The page includes a sidebar with navigation options: PRE Work Flow, Collect Information, General Concern, Medication Non-Adherence, Counseling Non-Adherence, Self Management Concern, PHQ-9, Case Status, Estimate, Snapshot Estimate, Management, Contact Information, Scheduling, Medication, Counseling, and Management Plan. The main content area shows a 'Medication saved.' message and a 'New Entry' form with fields for Medication, Dose, Prescribe Date, Change Date, Change Type, and Comments. Below the form is a table of medication entries:

| Archive? | Medication | Dose | Prescribe Date | Change Date | Change Type | Comments | Entered By | Error? |
|--------------------------|--------------------|------|----------------|-------------|-------------|------------------------|------------|--------|
| <input type="checkbox"/> | Ambien® (zolpidem) | 50 | 10/15/2008 | 10/18/2008 | Start Med | Todd Musig (30 Oct 08) | | |

Top Right Screenshot: Final Estimate

This screenshot shows the 'FINAL ESTIMATE FOR:' page for a patient named Jane Smith. It displays a table of estimates for various categories:

| Category | First | Previous | Current |
|--------------------------|----------|----------|----------|
| General Concern | Moderate | Low | Low |
| Medication Non-Adherence | High | High | Moderate |
| Counseling Non-Adherence | High | Moderate | Low |
| Self Management Concern | Low | Moderate | High |
| PCL | 33-58 | 13-32 | 13-32 |
| Suicide Staffing | A Week | A Week | NA |
| Case Status | Flagged | No Flag | No Flag |

Below the table, a message states: 'Based on the information obtained from the above Factor Groups, please rate the level of concern you have for this patient.' A legend indicates the levels: Low (Green), Moderate (Yellow), and High (Red).

Bottom Screenshot: Summary Report

This screenshot shows the 'SUMMARY FOR:' page for a patient named Jane Smith. It displays a table of episodes and a historical graph for PHQ-9 scores:

| Episode/Product | Created | Closed | Estimate |
|-------------------|-------------------|--------------|----------|
| First Steps Systa | 30 Jun 08 - 11:58 | Open (Musig) | |

Below the table, a table shows snapshots in selected episodes:

| Created | Estimate | PHQ-9 Severity Score | PCL Severity Score |
|-------------------|----------|----------------------|--------------------|
| 30 Oct 08 - 11:14 | Moderate | 16 | NA |
| 30 Jun 08 - 11:58 | High | 20 | NA |

Below the table, a historical graph for PHQ-9 scores is shown, with a legend indicating the levels: Low (Green), Moderate (Yellow), and High (Red).

RESPECT-Mil Implementation

Micro- or Clinic-level

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- ★ **Weekly BH Champion review of facilitator caseload**

FIRST-STEPS – Improves Efficiency, Accountability & Effectiveness of Staffing

| Home | Resources | Contact | Help | Logout | PBRMS | | |
|---------------------|--------------------------------|---|---------------------|---------------|--------------------------------|--------------------|----------------|
| Select Individual > | Open/Recent PREs | A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL | | | | Search | New Individual |
| Acuity | | | IMPORTANT MESSAGE | | MESSAGE FROM PREVIDENCE | | |
| | | | Welcome. | | Welcome to the Previdence Risk | | |
| | | | | | more | | |
| Acuity | Case Closure | Call Schedule | Caseload | Closed Cases | | | |
| MY VIEW UNIT VIEW | | | | | Print Preview | | |
| Unit | Name | Suicide Staffing | Facilitator Concern | Deployers | Tx Non-Response | Last Staffing Date | Last Contact |
| Fort Hood | April, Test | Unknown | Moderate | 30-60 Days | No | | 25 Apr 08 |
| Germany 1 | Braxton, Bruce | Emergency | High | | No | | 12 Aug 08 |
| Beta Fort Stewart | Frankie, Bill | A Duty Day | High | 60-90 Days | No | 2 Oct 08 | 2 Oct 08 |
| Beta Fort Bliss | Harry, Dirty | A Duty Day | High | Not Deploying | No | | 20 Oct 08 |
| Fort Drum | New, Tom | A Duty Day | Unknown | | No | | 24 Apr 07 |
| Fort Carson | Turner, Bill | A Duty Day | Unknown | | No | | 20 Apr 07 |
| Vicenza | Violet, Eric | A Duty Day | Unknown | | No | | 19 Apr 07 |
| Fort Lewis | Wilking, Sarah | A Duty Day | Unknown | | No | | 19 Apr 07 |

RESPECT-Mil Implementation

Macro- or Program-level

RESPECT-Mil Implementation Team (R-MIT):

- ★ Monitors program implementation, fidelity, outcomes
- ★ Trains & consults with R-SiTs
- ★ Develops & disseminates education modules and tools
- ★ Pilots & evaluates new components
- ★ Performs site visits & site calls

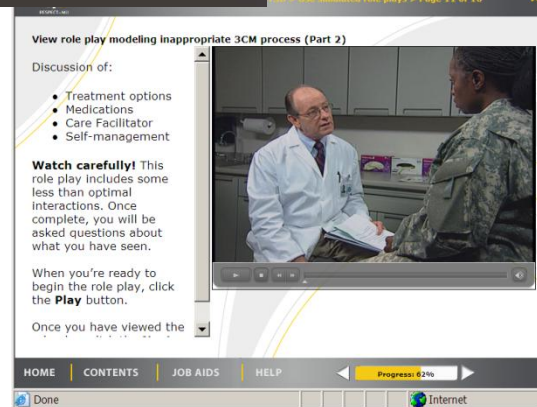
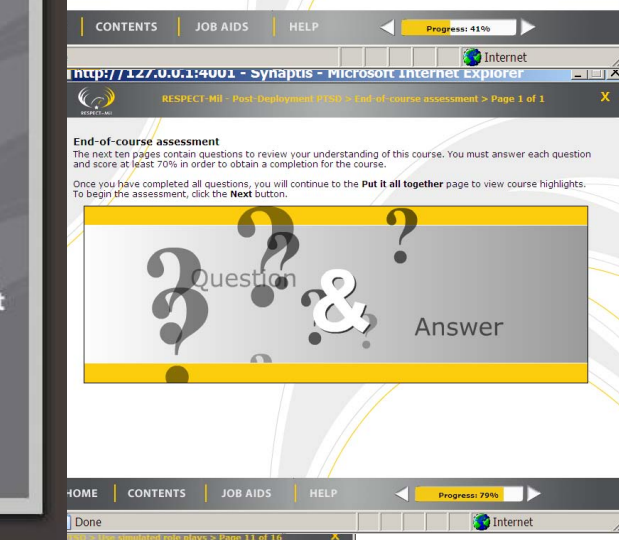
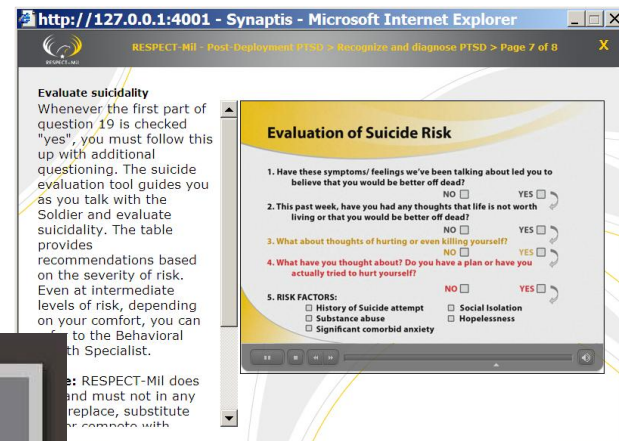
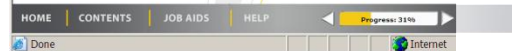
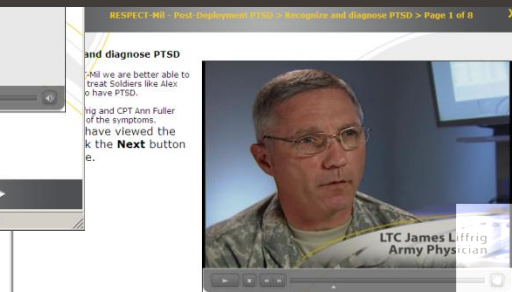
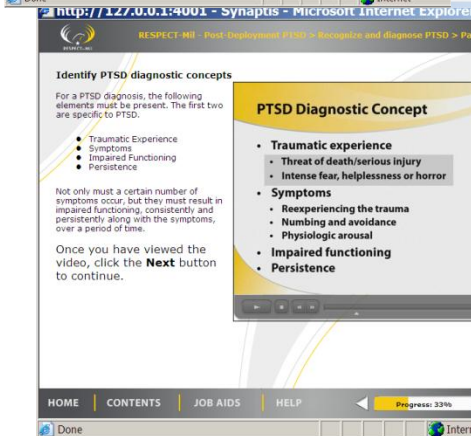
RESPECT-Mil Implementation

Meso- or Site-level

RESPECT-Mil Site Team (R-SIT)

- ★ Primary Care Champion
 - Monitors local program & process
- ★ Behavioral Health Champion
 - Monitors facilitator caseloads
- ★ Facilitator
 - RN, 1 per 6K in eligible population
- ★ Administrative assistant
 - 1 per 10K in eligible population

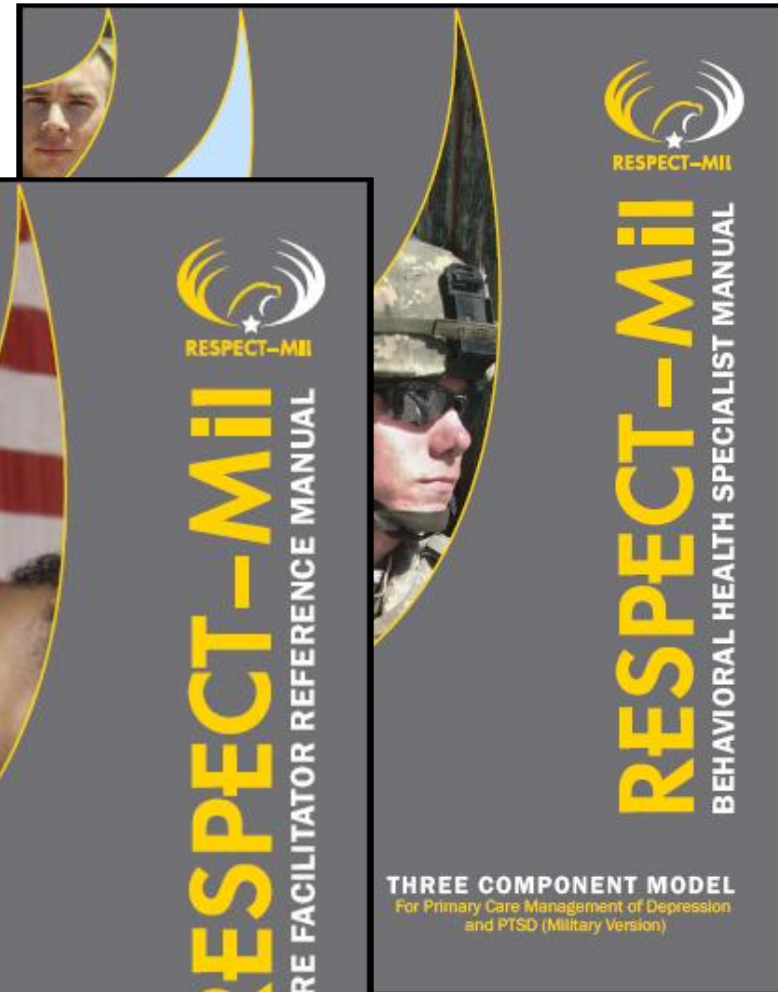
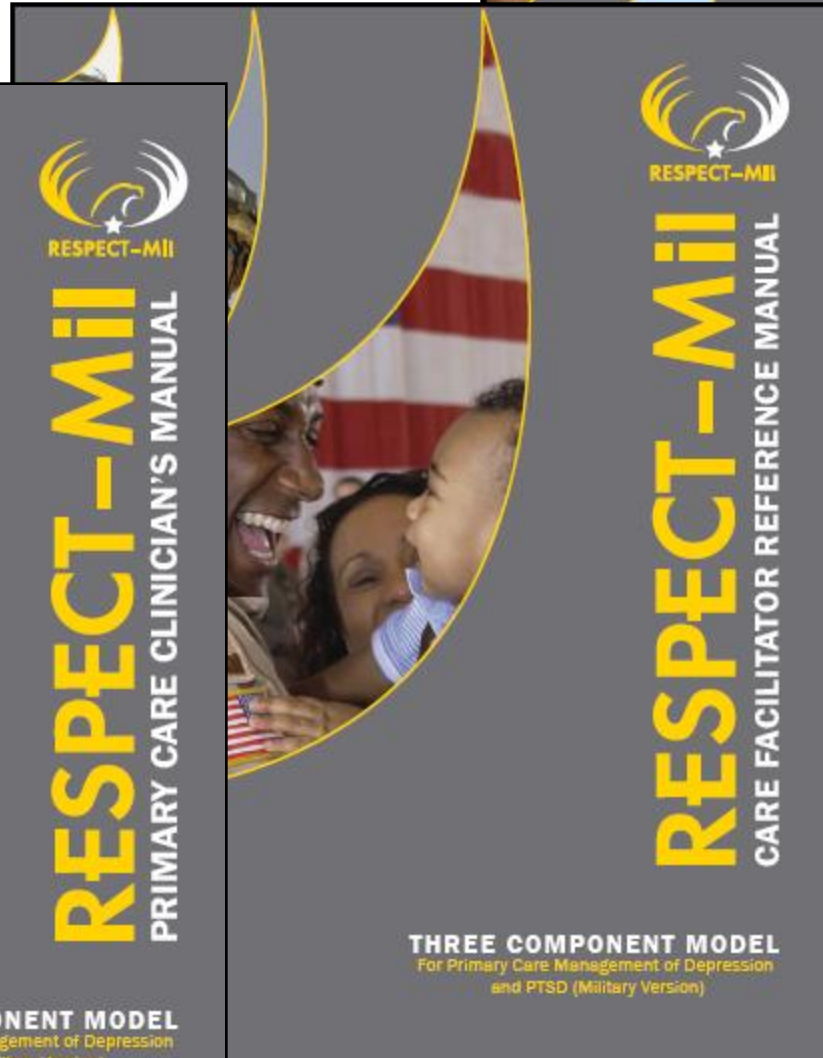
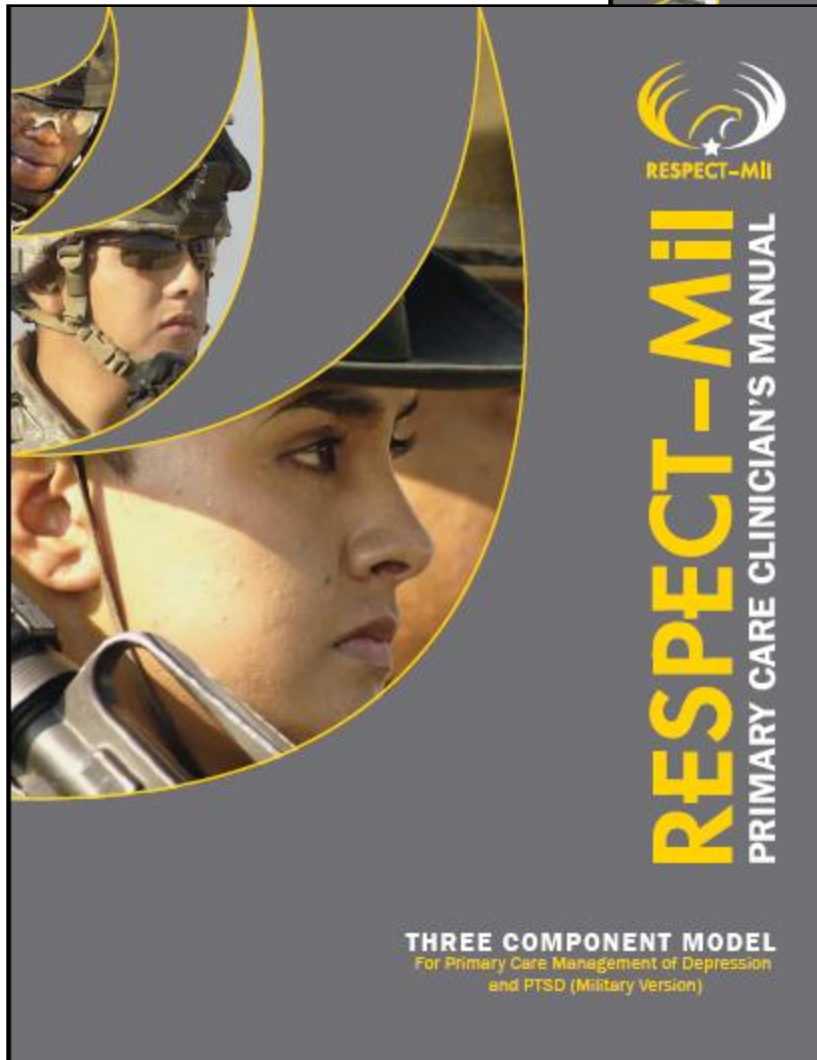
Web-Based PTSD & Depression Training for Primary Care Providers*



*** Includes suicide assessment training**

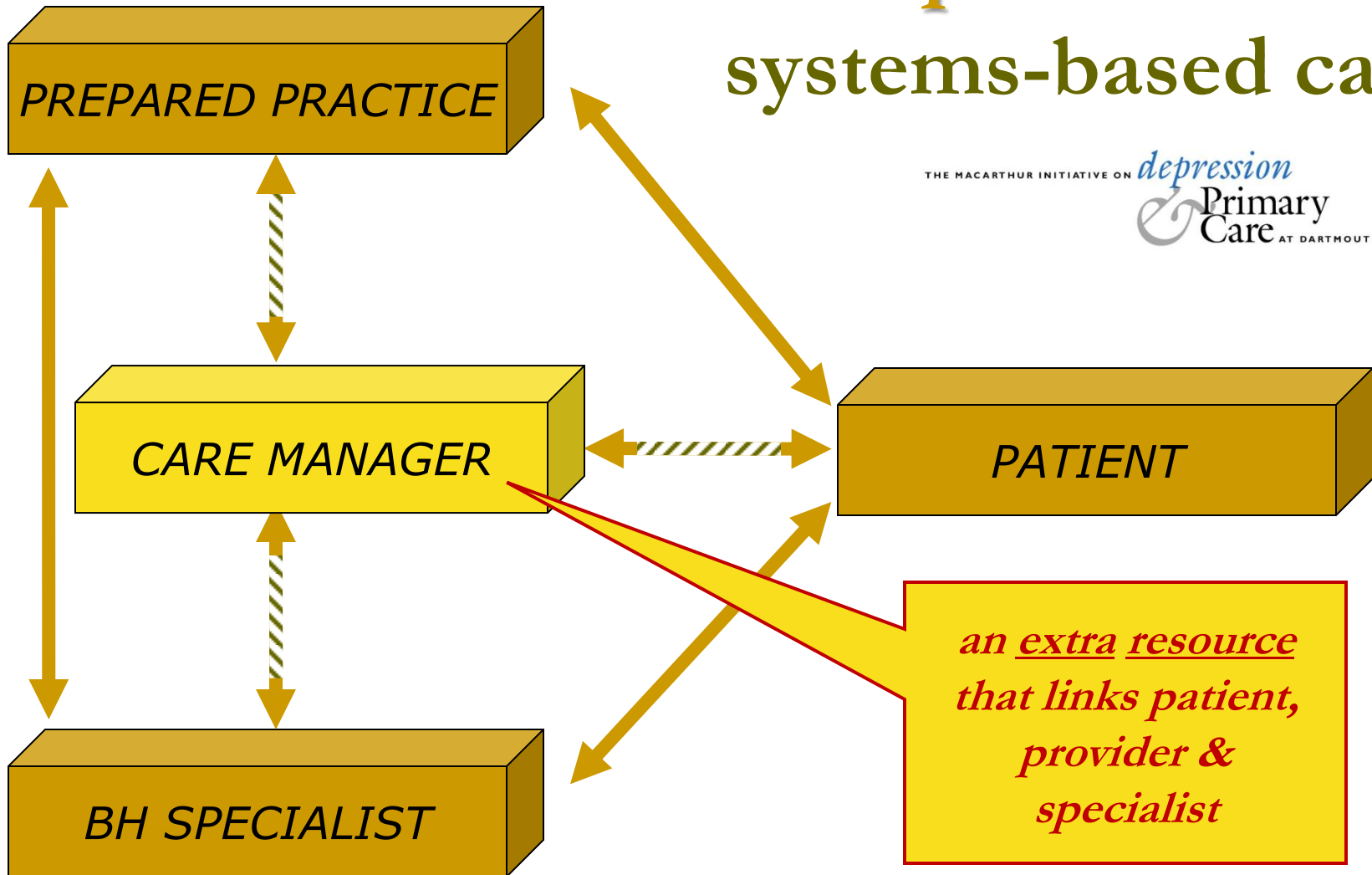
RESPECT-Mil

Provider Manuals



3 Component Model systems-based care

THE MACARTHUR INITIATIVE ON *depression*
& Primary Care AT DARTMOUTH & DUKE



RESPECT-Mil

Implementation Results

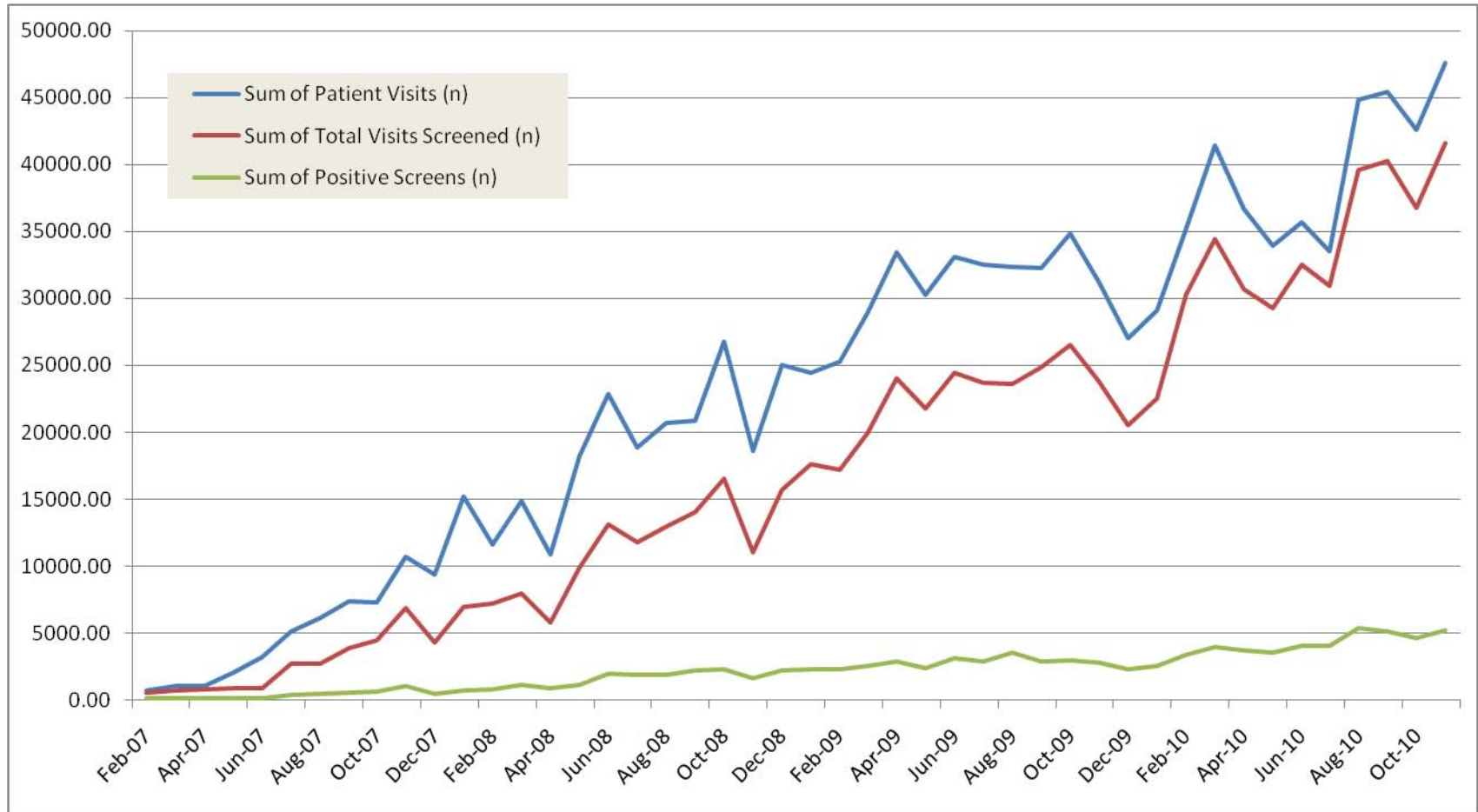
- ★ **61** of 95 primary care clinics at 34 sites are implementing, with the remainder expected on line by July 2011.
- ★ **86%** of visits at implementing clinics screened in last 12 months (75% since January 2007; 2-5% at non-RESPECT-Mil clinics)
- ★ **13%** of all screened visits are positive (PTS or depression)
- ★ **48%** of positive screens result in a primary care diagnosis of 'depression' or 'possible PTSD'
- ★ **26%** of positive screens receive other BH diagnoses (e.g., adjustment disorder)

* *Data through November 2010*²⁹



RESPECT-Mil Screening Visits

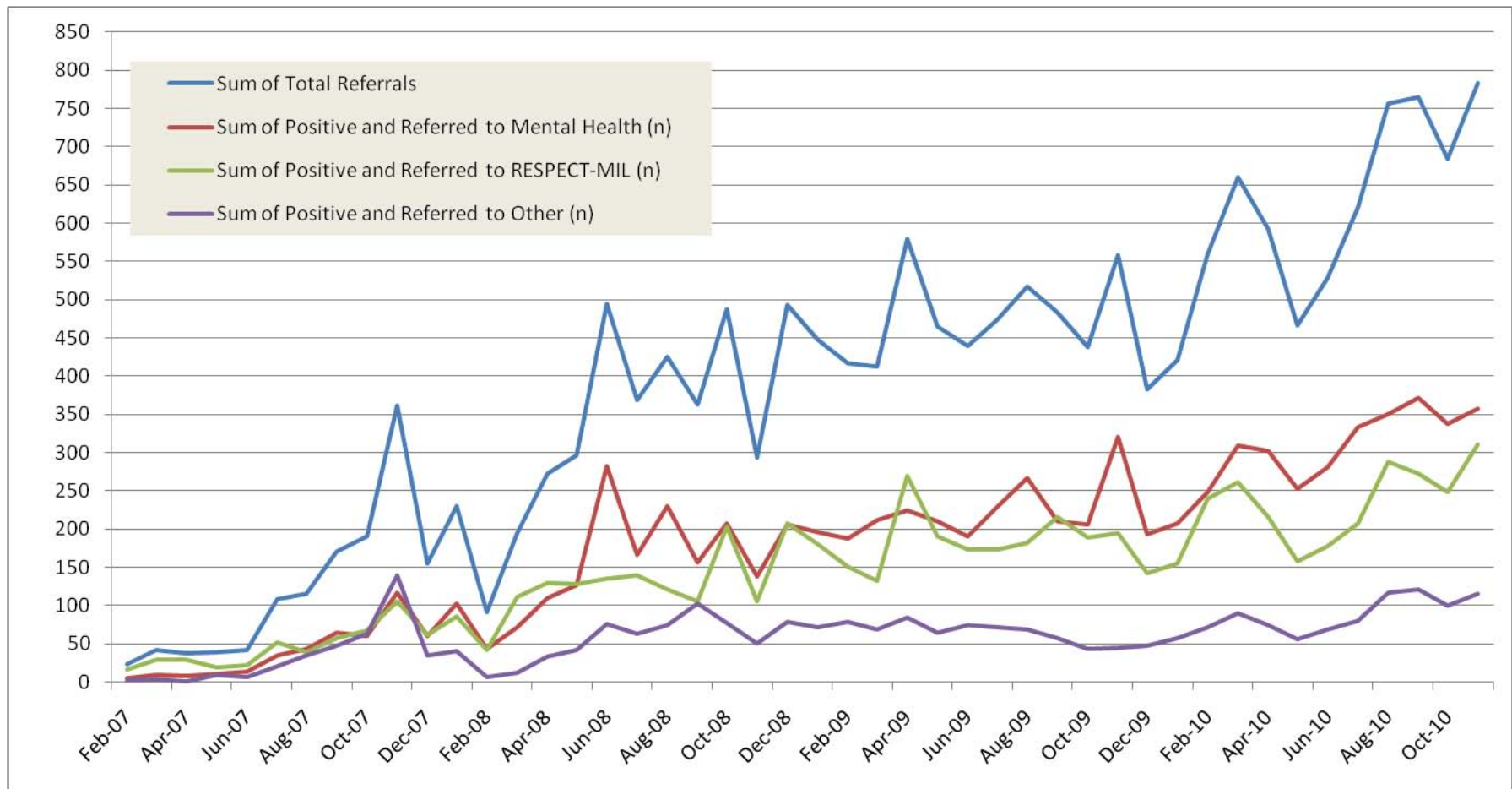
Steadily Rising Rate of Routine Screening



Data through November 2010 30

Referrals for Enhanced BH Services

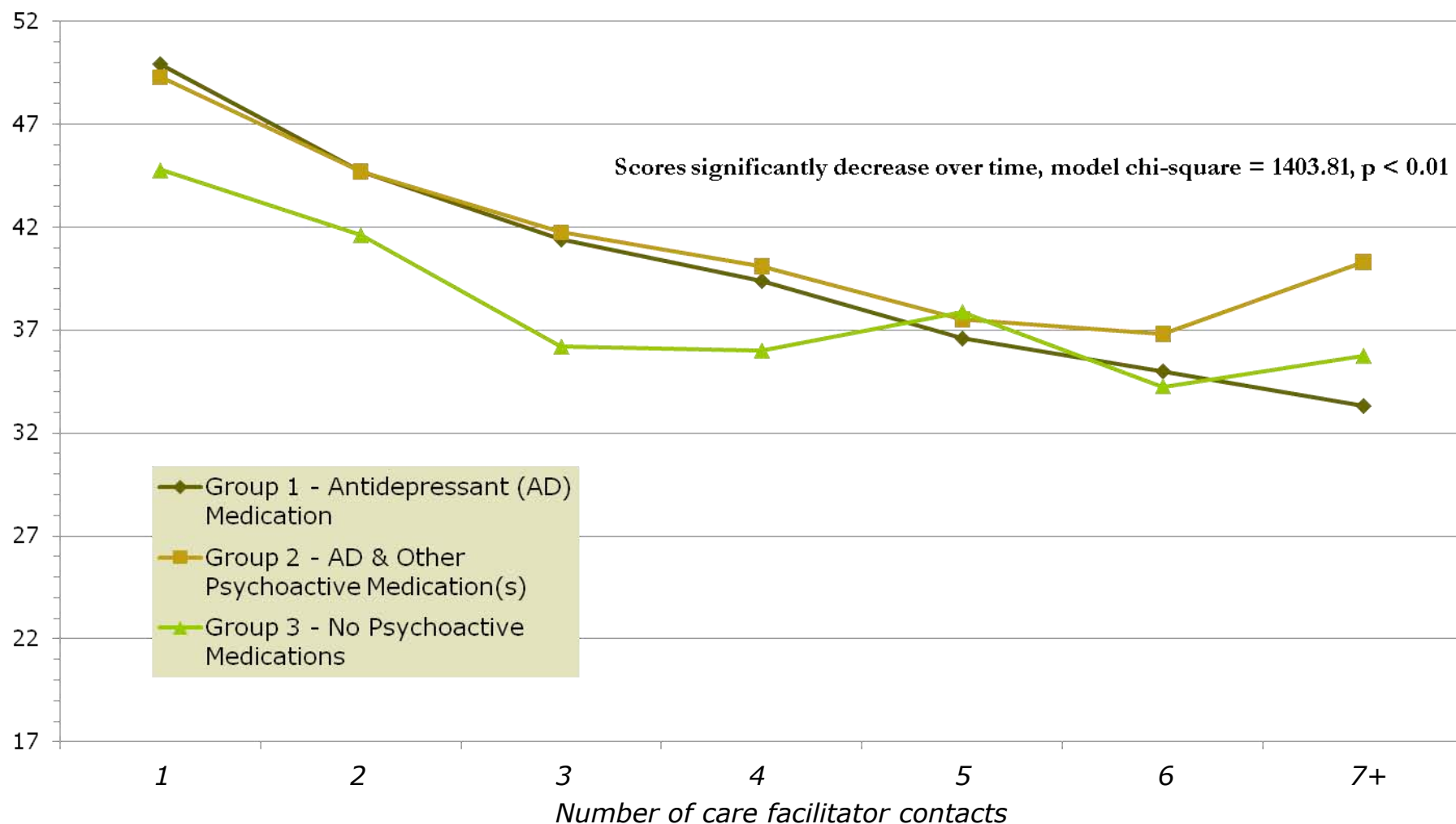
Referrals for Facilitation Nearly as High as to Specialist



** Data through November 2010³¹*

Care Facilitation & PTSD Severity (PCL-C)

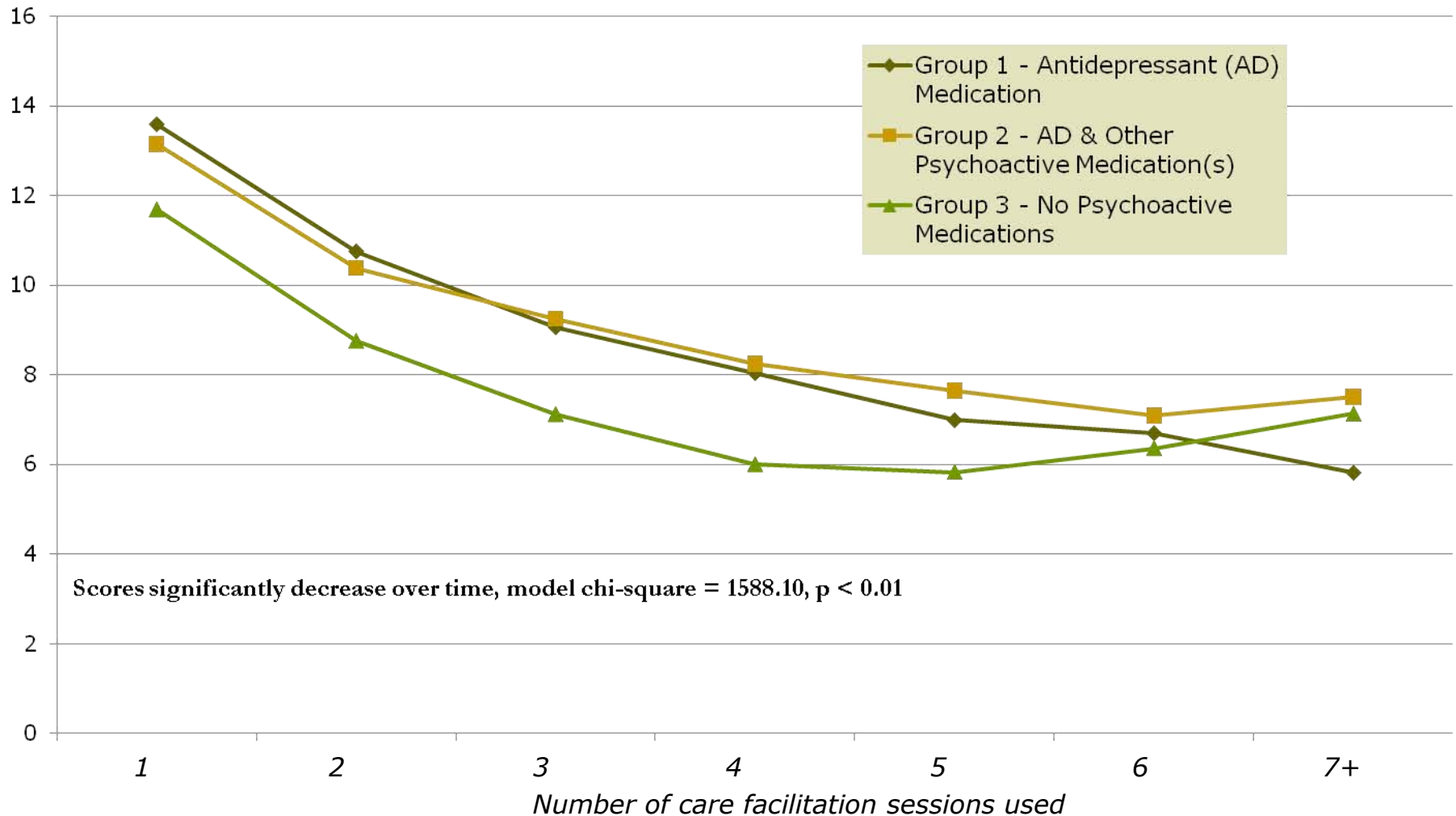
Number of facilitator visits associated with improvement



* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)

Care Facilitation & Depression Severity (PHQ-9)

Number of facilitator visits associated with improvement



* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)

RESPECT-Mil

Safety & Risk Management

Visits associated with any suicidal ideation

- ★ **1%** of screened visits (**8.6%** of screen positive visits)

- ★ **25%** of visits involving suicidal ideation are rated by provider as intermediate or high risk (“non-low risk”)

- ★ **8,771** visits involved suicidal ideation

- ★ Frequent “save” anecdotes

** Data through November 2010*



RESPECT-Mil

Safety & Risk Management

Visits associated with any suicidal ideation

- ★ Appropriate risk assessment - **99.4%** of screened positive visits
- ★ Appropriate risk assessment - **99.9%** of screened visits

** Data through May2010*



RESPECT-Mil

Dispositions

66% assistance rate
accept/[accept + decline]

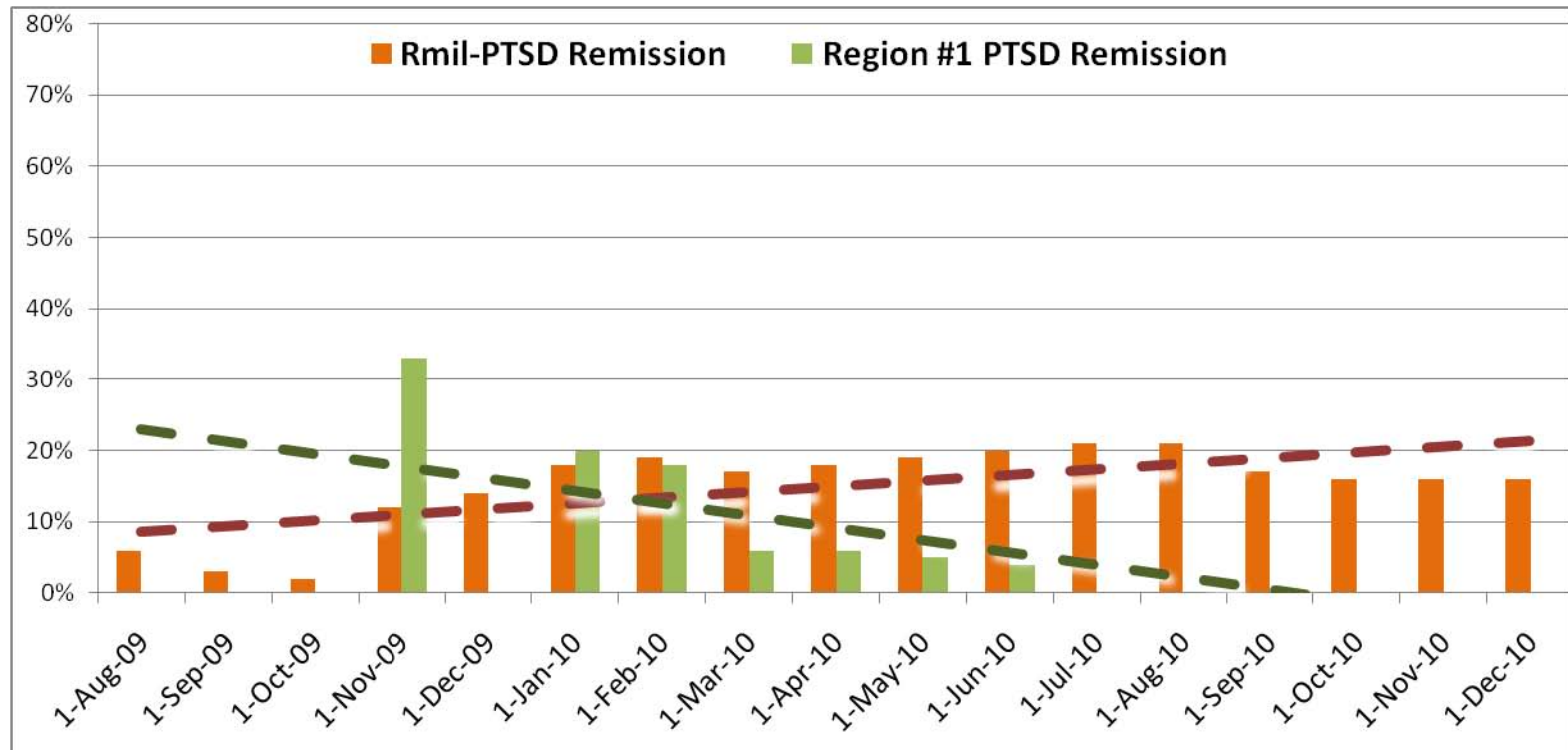
4% of all visits
involve recognition & assistance for previously
unrecognized mental health needs

* *Data through November 2010*³⁶



Real-time Aggregate Data Reports

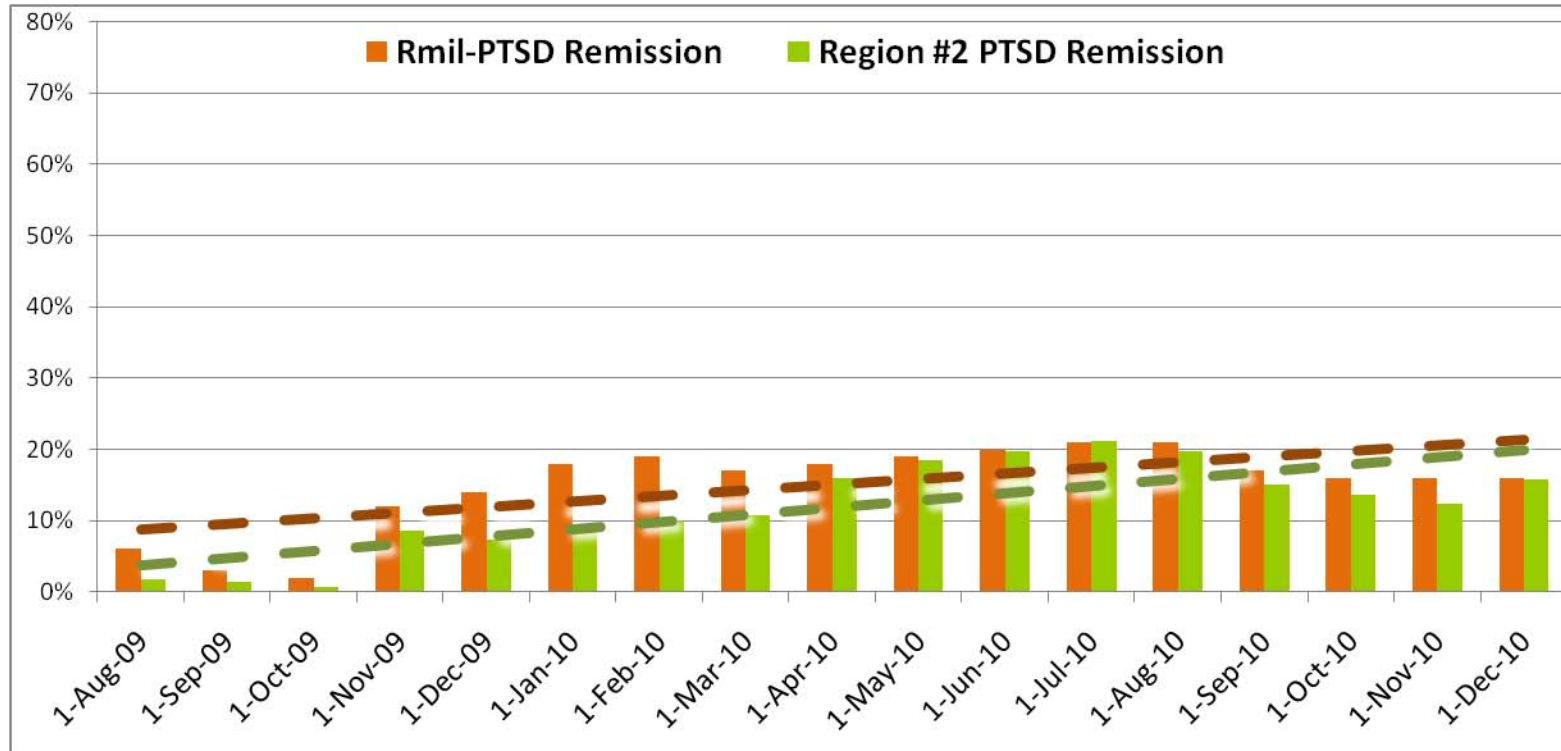
PTSD Remission Trend – Region #1



**Remission is defined as the count of individuals who have an open episode in FIRST STEPS, have been in the system 8 weeks or more, and have a PCL score of 27 or less.

Real-time Aggregate Data Reports

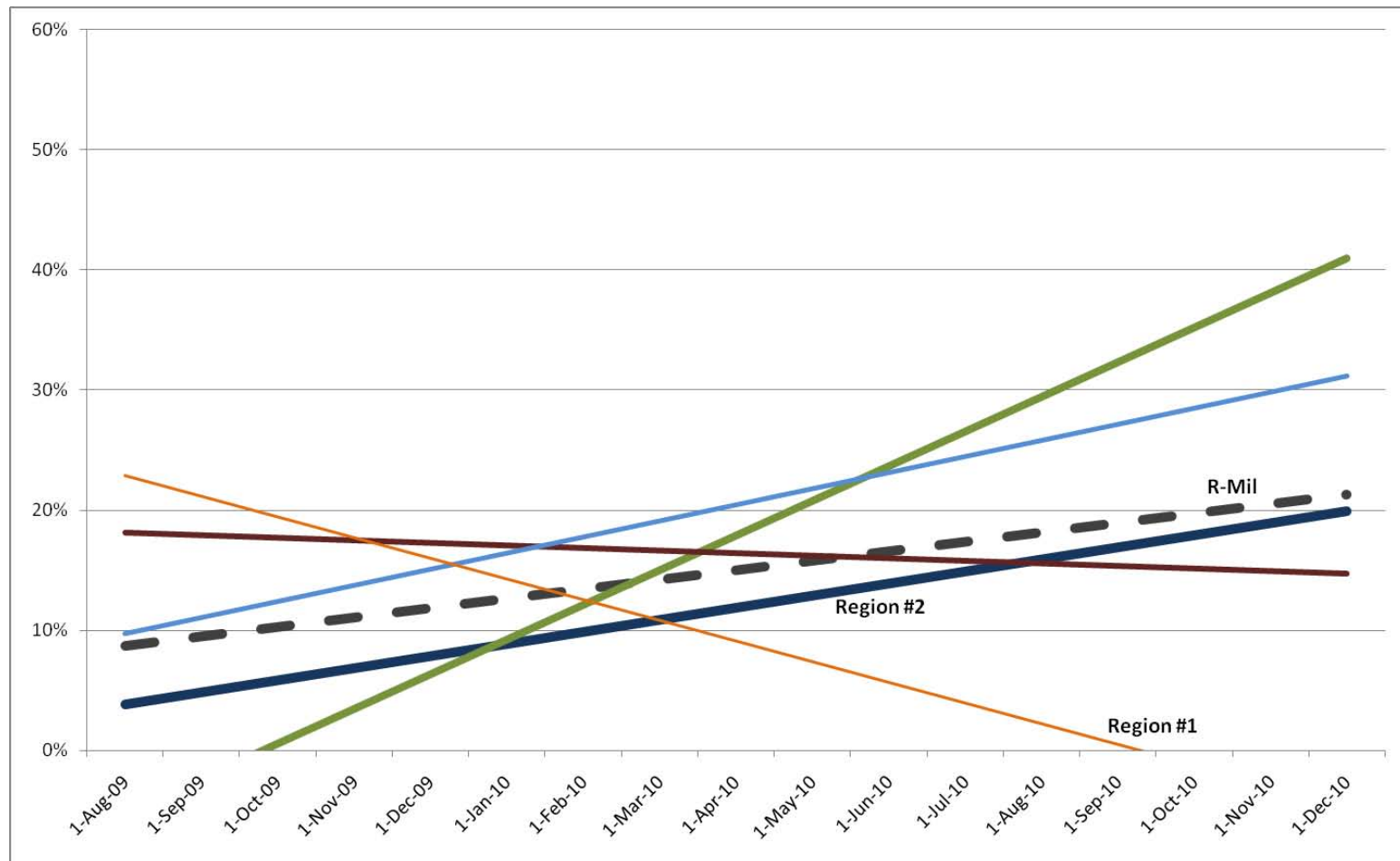
PTSD Remission Trend – Region #2



**Remission is defined as the count of individuals who have an open episode in FIRST STEPS, have been in the system 8 weeks or more, and have a PCL score of 27 or less.

Real-time Aggregate Data Reports

PTSD Remission Trends by Region



Quarterly Progress Report: Fort Alpha

Example of a High Performance Site



February 28, 2011

Point of Contact: Justin Curry, PhD
justin.curry@amedd.army.mil

Objective: This performance report provides summary findings of your RESPECT-Mil program from October 1, 2010 – December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The force health status at Ft. Alpha;
- Ft. Alpha's success in meeting RESPECT-Mil's objectives;
- Ft. Alpha's RESPECT-Mil workforce; and
- Potential strategies to improve or sustain Ft. Alpha's performance.

Performance Ranking System: Green arrows (➤) signify high performance, yellow arrows (➤) average performance, and red arrows (➤) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-Mil sites.

Summary: In general, Ft. Alpha shows average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/both) and average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 45% of those Service Members with positive screens are already engaged in enhanced behavioral health care (EBHC)¹. A greater number than expected of Service Members at Ft. Alpha report suicidal ideation (3.5%).

Procedurally, Ft. Alpha is performing well relative to other implementation sites in the RESPECT-Mil system. During this reporting period, RESPECT-Mil clinics at Ft. Alpha conducted 16,373 primary care visits (down 3.7% from last quarter). Performance against standards for implementing initial screening protocols is high (98%). However, rates for follow-up contacts should be improved. Roughly 26% of Service Members are declining referrals, indicating a need for improvement in this area. All Service Members with a positive PHQ9/PCL19 should have a further risk assessment conducted by a clinician. At Ft. Alpha, 100% of screens with a positive PHQ9/PCL19 received further assessment reflecting positive performance against this indicator.

During this reporting period, Ft. Alpha was implementing RESPECT-Mil at 2 clinics with 495 open cases in the RESPECT-Mil program. Staffing appears to be sufficient to handle this case load with 7 care facilitators (RCFs) managing approximately 71 cases each.

Table 1: FORCE HEALTH STATUS AT FT. ALPHA...

| | Q04 FY2010 N (%) | Q01 FY2011 N (%) | Change (%) | Q01 FY2011 R-Mil Range |
|--|-----------------------------|----------------------------|------------|---------------------------|
| Screened visits positive for PTSD or Depression: | 2,392 (14.5%) [†] | 2,169 (13.5%) [†] | -1.1% | 7.9% – 20.6% |
| Screened visits resulting in presumptive primary care diagnosis of PTSD or Depression: | 1,102 (6.7%) [†] | 953 (5.9%) [†] | -0.8% | 1.6% – 10.6% |
| Screened visits positive for suicide risk: | 360 (2.2%) [†] | 557 (3.5%) [†] | +1.3% | 0% – 5.5% |
| Positive screens already receiving enhanced behavioral health care: | 1,059 (44.3%) ^{††} | 984 (45.4%) ^{††} | +1.1% | 18% – 59.8% |

[†] Percentage expressed relative to total number of primary care visits screened ((N/Total Screens) × 100)

^{††} Percentage expressed relative to number of positive screens only ((N/Positive Screens) × 100)

Table 2: R-Mil PROCEDURAL PERFORMANCE (SCREENING & FOLLOW-UP) AT FT. ALPHA...

| Performance Parameter | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|---|----------------------|---------------------|------------|------------------------|-----------------------|
| Percentage of primary care visits screened with MEDCOM 774: | 96.8% [†] | 98.4% [†] | +1.7% | 17.9% – 100% | 2 nd of 15 |
| Percentage of patients referred to Respect-Mil contacted within 14 days: | 79.6% ^{††} | 82.3% ^{††} | +3% | 37% – 100% | 4 th of 15 |
| Percentage of open R-Mil cases with at least one RCF contact during the reporting period: | 85.8% ^{†††} | 75% ^{†††} | -10.9% | 36.6% – 100% | 8 th of 15 |

[†] ((N/Total Screens) × 100)

^{††} ((N/New R-Mil Referrals) × 100)

^{†††} ((N/Open Cases) × 100)

Table 3: R-Mil PROCEDURAL PERFORMANCE (REFERRAL & RISK ASSESSMENT) AT FT. ALPHA...

| Performance Parameter | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|--|---------------------|--------------------|------------|--------------------------|------------------------|
| Percentage of EBHC referrals offered that are accepted: | 65.6% [†] | 73.7% [†] | +8.2% | 44% – 94.6% | 6 th of 15 |
| Percentage of R-Mil referrals offered that are accepted: | 71.9% [†] | 77.6% [†] | +5.8% | 0% – 91.3% | 2 nd of 15 |
| Percentage of Behavioral Health referrals offered that are accepted: | 47.5% [†] | 47.7% [†] | +0.3% | 28.6% – 100% | 12 th of 15 |
| Among visits with documented suicidal ideation, the percentage of MEDCOM 774s evidencing provider risk assessment: | 99.7% ^{††} | 100% ^{††} | +0.3% | Program standard is 100% | |

[†] ((N/Referrals Offered) × 100)

^{††} ((N/Positive Suicide Risk) × 100)

RESPECT-Mil Staffing at Ft. Alpha: A RESPECT-Mil primary care champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training. A RESPECT-Mil behavioral health champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training.

Table 4: HUMAN RESOURCING DATA FOR FT. ALPHA...

| Staff | # Assigned | # Authorized | Open Cases [†] | Active Cases ^{††} | Average Caseload | R-Mil Caseload Range |
|---------------------------|------------|--------------|-------------------------|----------------------------|------------------|----------------------|
| Total | 9 | 10 | — | — | — | — |
| Care Facilitators | 7 | 7 | 495 | 371 | 71 | 12 – 188 |
| Administrative Assistants | 2 | 3 | — | — | — | — |

[†] Cases open in FIRST-STEPS Care Facilitation Management System during the reporting period

^{††} Open cases with at least one contact[†] recorded in FIRST-STEPS during the reporting period

Comments on Data: Given the high proportion of open cases with no contact from RCFs, the reported caseload is likely to overestimate actual workload. Analysis of data from Ft. Alpha reveals very little between-clinic variation. Consequently, findings from overall site performance presented in this report can safely be interpreted at the clinic level. The only exception to this is in regards to suicidal ideation (SI). One clinic at Ft. Alpha did not report any positive screens for SI.

Impressions:

- 1) Generally excellent overall performance continues.
- 2) In the past 2 consecutive quarters Ft Alpha's only consistently poor performance has been in the area of Behavioral Health referral acceptance.
- 3) 25 % of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPS or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-Mil Implementation Team to assist R-Mil staff and stakeholders at Ft. Alpha sustain or improve program performance:

- ✓ Fort Alpha successfully implemented previous recommendation to increase efforts in the area of suicide risk evaluation and documentation. Congratulate your providers on achieving the program standard of 100% on this performance indicator and encourage them to continue performing at this level.
- ✓ Encourage RCFs to review caseloads with BHC to appropriately disposition cases and to ensure that cases that are no longer in active care facilitation are closed in the FIRST-STEPS system.

² A contact is defined as a FIRST-STEPS "snapshot" created for an open case. PRN visits are not considered in determining number of active cases

¹ EBHC includes the RESPECT-Mil program or any behavioral health care service outside the scope of primary care practice.

RESPECT-Mil

Findings to Date

- ★ Often concerns about getting started
- ★ Once started, approach is acceptable and feasible for both Soldiers and providers
- ★ Enrolled soldiers show clinical improvement
- ★ Identifying & referring Soldiers with previously unrecognized and unmet needs
- ★ Enhanced safety and risk assessment capabilities

RESPECT-Mil

Challenges & Road Ahead

- ★ Provider training and retraining
- ★ Expansion site training
- ★ Web-based training ongoing
<http://www.pdhealth.mil/respect-mil.asp>
- ★ **FIRST-STEPS** performance reporting
- ★ **Alcohol SBIRT** demonstration in preparation
- ★ **REHIP**: triservice demonstration of a “blended” model
- ★ Intercalation with Patient Centered Medical Home
- ★ **STEPS-UP**: 5-year, 18-clinic controlled trial – intervention is blended + centralized care management + stepped psychosocial modalities

RESPECT-Mil Central

Implementation Team

COL Charles Engel, MC

Director

Tim McCarthy

Deputy Director

Sheila Barry, BA

Associate Director,
Program Development & Training

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Behavioral Health Proponent

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Durham VA

Kurt Kroenke, MD

Professor of Medicine, Indiana University &
Regenstrief Institute





National Academy Press. 1999; pp. 173-212
Population and Need-Based Prevention of Unexplained Physical Symptoms in the Community

Charles C. Engel, and Wayne J. Katon



PHILOSOPHICAL
TRANSACTIONS
OF
THE ROYAL
SOCIETY

Managing future Gulf War Syndromes: international lessons and new models of care

Charles C. Engel^{1,2,*}, Kenneth C. Hyams³ and Ken Scott⁴

Population-based health care: A model for restoring community health and productivity following terrorist attack

Charles C. Engel, Ambereen Jaffer, Joyce Adkins, Vivian Sheliga, David Cowan, and Wayne J. Katon

Terrorism and Disaster

Individual and Community Mental Health Interventions

Robert J. Ursano

Carol S. Fullerton

Ann E. Norwood

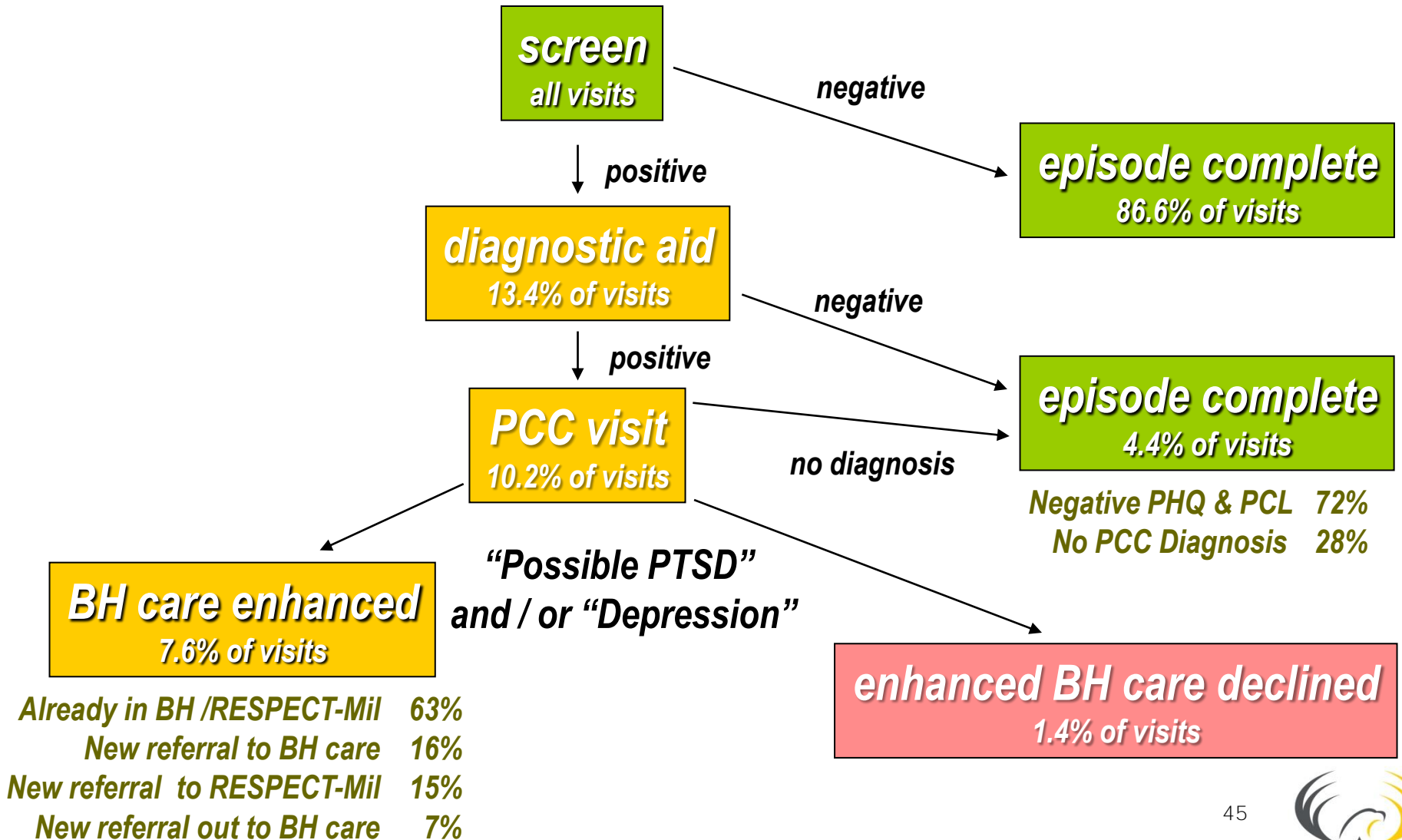
Can We Prevent a Second 'Gulf War Syndrome'? Population-Based Health Care for Chronic Idiopathic Pain and Fatigue after War¹

Charles C. Engel^{a,b}, Ambereen Jaffer^b, Joyce Adkins^b, James R. Riddle^c, Roger Gibson^d

Advances in Psychosomatic Medicine 2004;25:102-22

RESPECT-Mil

Patient Flow & Clinic Process



RESPECT-Mil

Time & Workload

| <u>component</u> | <u>% visits</u> | <u>estimated time / visit</u> |
|----------------------------|------------------------|--------------------------------------|
| <i>All clinic patients</i> | <i>100.0%</i> | <i>2 minutes medic time</i> |
| <i>Screen positive</i> | <i>13.4%</i> | <i>3 minutes medic time</i> |
| <i>Diagnosis</i> | <i>10.2%</i> | <i>10 minutes clinician time</i> |
| <i>Suicidality</i> | <i>0.7%</i> | <i>25 minutes clinician time</i> |

Total Estimated Time Per Visit

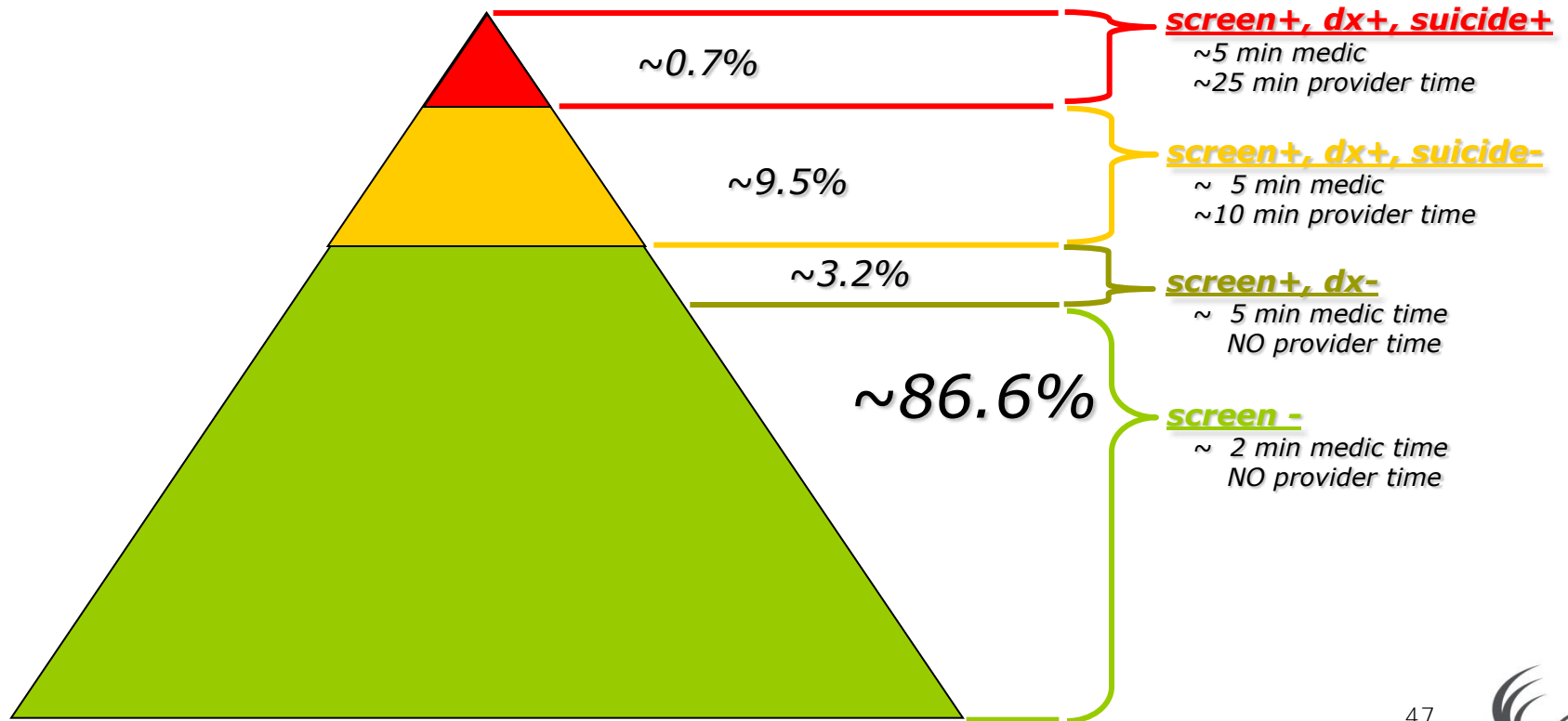
Medic = $2 + (0.134 \times 3)$ = 2.4 min

Provider = $(0.102 \times 10) + (0.007 \times 25)$ = 1.2 min

RESPECT-Mil

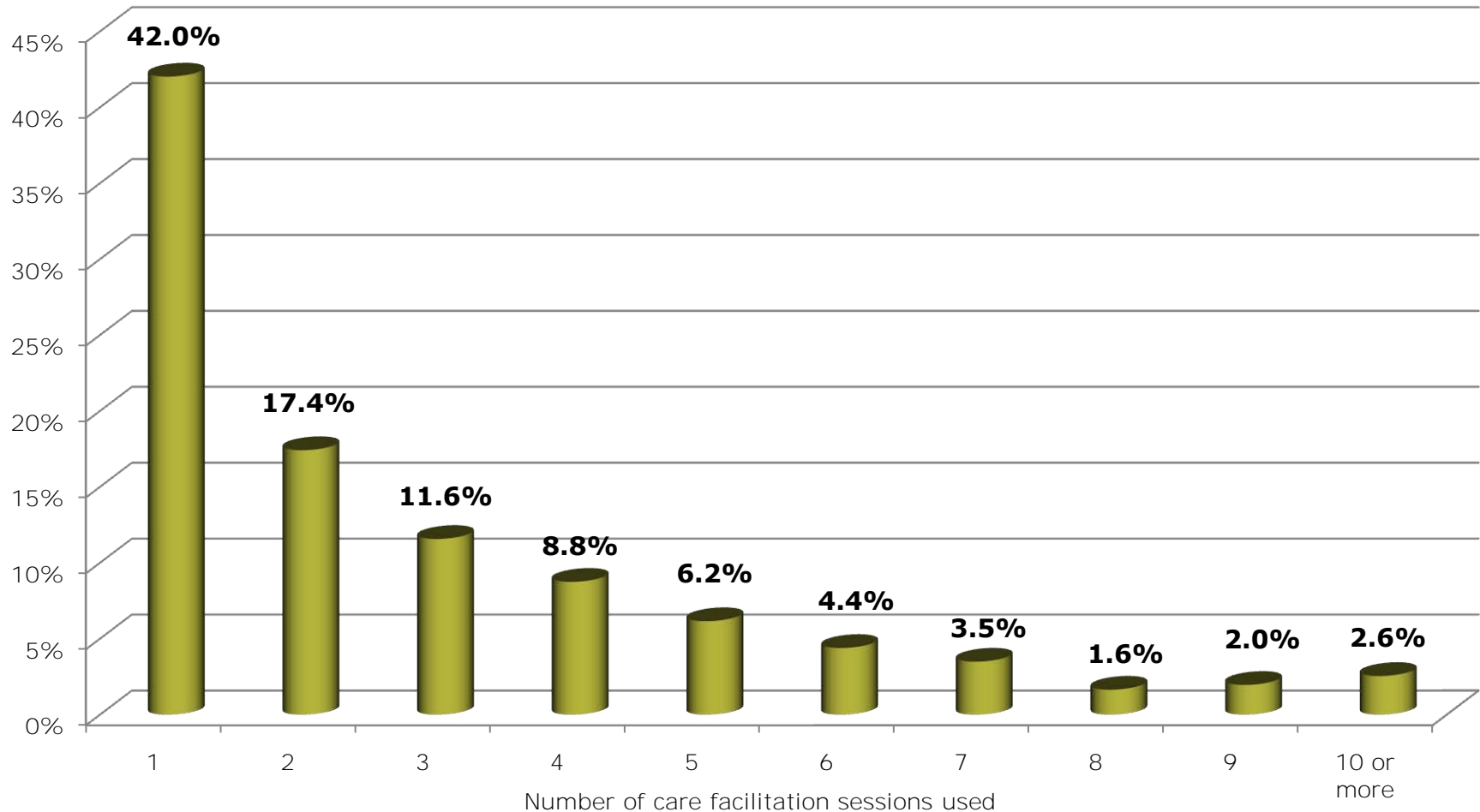
Creating Efficiencies

- ~ 90% of visits require **NO** added provider **time***
- ~ **84%** of added clinician time is for the **0.7%** of visits at highest risk*



RESPECT-Mil Facilitator Use

Only 20.6% have four or more facilitator contacts



*** Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)**

Quarterly Progress Report: Fort Bravo

Example of an Average Performance Site



February 28, 2011

Point of Contact: Justin Curry, PhD
justin.curry@amedd.army.mil

Objective: This performance report provides summary findings of your RESPECT-Mil program from October 1, 2010 – December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The force health status at Ft. Bravo;
- Ft. Bravo's success in meeting RESPECT-Mil's objectives;
- Ft. Bravo's RESPECT-Mil workforce; and
- Potential strategies to improve or sustain Ft. Bravo's performance.

Performance Ranking System: Green arrows (↑) signify high performance, yellow arrows (↗) average performance, and red arrows (↓) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-Mil sites.

Summary: In general, Ft. Bravo shows above average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/both) and average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 35% of those Service Members with positive screens are already engaged in enhanced behavioral health care (EBHC)¹. Few Service Members at Ft. Bravo report suicidal ideation (0.5%).

Procedurally, Ft. Bravo is performing on par with other implementation sites in the RESPECT-Mil system. During this reporting period, RESPECT-Mil clinics at Ft. Bravo conducted 7,969 primary care visits (up 21.5% from last quarter). Performance against standards for implementing initial screening protocols is average (89%). However, rates for follow-up contacts should be improved. Roughly 34% of Service Members are declining referrals, indicating a need for improvement in this area. All Service Members with a positive PHQ9/PCL19 should have a further risk assessment conducted by a clinician. At Ft. Bravo, the reporting of suicide risk assessment data to the DHCC R-Mil Implementation Team was not carried out to standard. Consequently, it is not possible to report performance against this key program standard for Ft. Bravo at this time.

During this reporting period, Ft. Bravo was implementing RESPECT-Mil at 3 clinics with 497 open cases in the RESPECT-Mil program. Staffing appears to be insufficient to handle this case load with 4 care facilitators (RCFs) managing approximately 124 cases each.

Table 1: FORCE HEALTH STATUS AT FT. BRAVO...

| | Q04 FY2010 N (%) | Q01 FY2011 N (%) | Change (%) | Q01 FY2011 R-Mil Range |
|--|----------------------------|----------------------------|------------|---------------------------|
| Screened visits positive for PTSD or Depression: | 1,140 (20.3%) [†] | 1,136 (16.2%) [†] | -4.1% | 7.9% – 20.6% |
| Screened visits resulting in presumptive primary care diagnosis of PTSD or Depression: | 547 (9.7%) [†] | 524 (7.5%) [†] | -2.2% | 1.6% – 10.6% |
| Screened visits positive for suicide risk: | 24 (0.43%) [†] | 33 (0.47%) [†] | +0.04% | 0% – 5.5% |
| Positive screens already receiving enhanced behavioral health care: | 342 (30%) ^{††} | 400 (35.2%) ^{††} | +5.2% | 18% – 59.8% |

[†] Percentage expressed relative to total number of primary care visits screened ((N/Total Screens) × 100)

^{††} Percentage expressed relative to number of positive screens only ((N/Positive Screens) × 100)

Table 2: R-Mil PROCEDURAL PERFORMANCE (SCREENING & FOLLOW-UP) AT FT. BRAVO...

| Performance Parameter | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|---|---------------------|----------------------|------------|---------------------------|--------------------------|
| Percentage of primary care visits screened with MEDCOM 774: | 85.7% [†] | 87.8% [†] | +2.1% | 17.9% – 100% | 10 th of 15 |
| Percentage of patients referred to Respect-Mil contacted within 14 days: | 64.2% ^{††} | 75.9% ^{††} | +11.7% | 37% – 100% | 6 th of 15 |
| Percentage of open R-Mil cases with at least one RCF contact during the reporting period: | 71% ^{†††} | 82.3% ^{†††} | +11.3% | 36.6% – 100% | 4 th of 15 |

[†] ((N/Total Screens) × 100)

^{††} ((N/New R-Mil Referrals) × 100)

^{†††} ((N/Open Cases) × 100)

¹ EBHC includes the RESPECT-Mil program or any behavioral health care service outside the scope of primary care practice.

Table 3: R-Mil PROCEDURAL PERFORMANCE (REFERRAL & RISK ASSESSMENT) AT FT. BRAVO...

| Performance Parameter | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|--|--|--------------------|------------|---------------------------|--------------------------|
| Percentage of EBHC referrals offered that are accepted: | 57.2% [†] | 66.1% [†] | +8.9% | 44% – 94.6% | 7 th of 15 |
| ➤ Percentage of R-Mil referrals offered that are accepted: | 46.9% [†] | 52.8% [†] | +5.9% | 0% – 91.3% | 5 th of 15 |
| ➤ Percentage of Behavioral Health referrals offered that are accepted: | 53.5% [†] | 65.4% [†] | +11.9% | 28.6% – 100% | 7 th of 15 |
| Among visits with documented suicidal ideation, the percentage of MEDCOM 774s evidencing provider risk assessment: | Inadequate data reporting. No analysis performed. | | | Program standard is 100% | |

[†] ((N/Referrals Offered) × 100)

^{††} ((N/Positive Suicide Risk) × 100)

RESPECT-Mil Staffing at Ft. Bravo: A RESPECT-Mil primary care champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training. A RESPECT-Mil behavioral health champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training.

Table 4: HUMAN RESOURCING DATA FOR FT. BRAVO...

| Staff | # Assigned | # Authorized | Open Cases [†] | Active Cases ^{††} | Average Caseload | R-Mil Caseload Range |
|---------------------------|------------|--------------|-------------------------|----------------------------|------------------|----------------------|
| Total | 6 | 9 | — | — | — | — |
| Care Facilitators | 4 | 6 | 497 | 409 | 124 | 12 – 188 |
| Administrative Assistants | 2 | 3 | — | — | — | — |

[†] Cases open in FIRST-STEPS Care Facilitation Management System during the reporting period

^{††} Open cases with at least one contact[‡] recorded in FIRST-STEPS during the reporting period

Comments on Data: Given the high proportion of open cases with no contact from RCFs, the reported caseload is likely to overestimate actual workload. However, the average caseload at Ft. Bravo remains high even after correcting for inactive cases that remain open in the FIRST-STEPS system. Overall, there is little between-clinic variance evident in the data at Ft. Bravo suggesting that overall findings can be safely interpreted at the clinic-level. The only exception to this is in the referral rates where significant differences do exist between clinics and findings should, therefore, not be applied generally to clinic performance.

Impressions:

- 1) 18% of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPS or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.
- 2) Irregular site-call attendance by one or more of the champions has been observed. Champions are reminded that their attendance at site calls is critically important in program implementation and for sustenance of success.
- 3) The RMIT acknowledges that high average RCF caseload has the potential to affect RCF performance. This should be kept in mind when considering the Recommended Actions below.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-Mil Implementation Team to assist R-Mil staff and stakeholders at Ft. Bravo sustain or improve program performance:

- ✓ Suicidal ideation evaluation and data reporting is not only an essential component of RESPECT-Mil but is paramount for patient safety. This issue should be addressed immediately.
- ✓ Continue efforts to remind providers that an important aspect of the RESPECT-Mil process is to encourage Service Members with positive screens to accept referral to RESPECT-Mil.
- ✓ Encourage RCFs to review caseloads with BHC to appropriately disposition cases and to ensure that cases that are no longer in active care facilitation are closed in the FIRST-STEPS system.
- ✓ Vacancies exist for both RCFs and Administrative Assistants. Position vacancies hinder program implementation and sustainment efforts and strain existing RESPECT-Mil staff. Ft. Bravo is encouraged to move forward on hiring actions for these positions.

[‡] A contact is defined as a FIRST-STEPS "snapshot" created for an open case. PRN visits are not considered in determining number of active cases

Quarterly Progress Report: Fort Charlie

Example of a Low Performance Site



February 28, 2011

Point of Contact: Justin Curry, PhD
justin.curry@amedd.army.mil

Objective: This performance report provides summary findings of your RESPECT-Mil program from October 1, 2010 – December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The force health status at Ft. Charlie;
- Ft. Charlie's success in meeting RESPECT-Mil's objectives;
- Ft. Charlie's RESPECT-Mil workforce; and
- Potential strategies to improve or sustain Ft. Charlie's performance.

Performance Ranking System: Green arrows (➤) signify high performance, yellow arrows (➤) average performance, and red arrows (➤) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-Mil sites.

Summary: In general, Ft. Charlie shows average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/both) and below average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 38% of those Service Members with positive screens are already engaged in enhanced behavioral health care (EBHC)¹. A greater number than expected of Service Members at Ft. Charlie report suicidal ideation (4%).

Procedurally, Ft. Charlie is performing on par with other implementation sites in the RESPECT-Mil system. During this reporting period, RESPECT-Mil clinics at Ft. Charlie conducted 456 primary care visits (down 33% from last quarter). Performance against standards for implementing initial screening protocols warrants greater attention and improvement (42%). Moreover, rates for follow-up contacts should be improved. Roughly 25% of Service Members are declining referrals, indicating positive performance against this indicator. All Service Members with a positive PHQ9/PCL19 should have a further risk assessment conducted by a clinician. At Ft. Charlie, the reporting of suicide risk assessment data to the DHCC R-Mil Implementation Team was not carried out to standard. Consequently, it is not possible to report performance against this key program standard for Ft. Charlie at this time.

During this reporting period, Ft. Charlie was implementing RESPECT-Mil at 1 clinic with 25 open cases in the RESPECT-Mil program. Staffing appears to be sufficient to handle this case load with 1 care facilitator (RCF) managing approximately 25 cases.

Table 1: FORCE HEALTH STATUS AT FT. CHARLIE...

| | Q04 FY2010 N (%) | Q01 FY2011 N (%) | Change (%) | Q01 FY2011 R-Mil Range |
|--|-------------------------|-------------------------|------------|---------------------------|
| Screened visits positive for PTSD or Depression: | 23 (21%) [†] | 21 (10.8%) [†] | -10.3% | 7.9% – 20.6% |
| Screened visits resulting in presumptive primary care diagnosis of PTSD or Depression: | 1 (1%) [†] | 3 (1.5%) [†] | +0.6% | 1.6% – 10.6% |
| Screened visits positive for suicide risk: | 0 (0%) [†] | 7 (3.6%) [†] | +3.6% | 0% – 5.5% |
| Positive screens already receiving enhanced behavioral health care: | 4 (17.4%) ^{††} | 8 (38.1%) ^{††} | 20.7% | 18% – 59.8% |

[†] Percentage expressed relative to total number of primary care visits screened ((N/Total Screens) × 100)

^{††} Percentage expressed relative to number of positive screens only ((N/Positive Screens) × 100)

Table 2: R-MIL PROCEDURAL PERFORMANCE (SCREENING & FOLLOW-UP) AT FT. CHARLIE...

| | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|---|----------------------|--------------------|------------|---------------------------|--------------------------|
| Percentage of primary care visits screened with MEDCOM 774: | 16.1% [†] | 42.5% [†] | +26.5% | 17.9% – 100% | 14 th of 15 |
| Percentage of patients referred to Respect-Mil contacted within 14 days: | 66.7% ^{††} | 75% ^{††} | +8.3% | 37% – 100% | 7 th of 15 |
| Percentage of open R-Mil cases with at least one RCF contact during the reporting period: | 58.8% ^{†††} | 72% ^{†††} | +13.2% | 36.6% – 100% | 10 th of 15 |

[†] ((N/Total Screens) × 100)

^{††} ((N/New R-Mil Referrals) × 100)

^{†††} ((N/Open Cases) × 100)

¹ EBHC includes the RESPECT-Mil program or any behavioral health care service outside the scope of primary care practice.

Table 3: R-Mil PROCEDURAL PERFORMANCE (REFERRAL & RISK ASSESSMENT) AT FT. CHARLIE...

| Performance Parameter | Q04 FY2010 (%) | Q01 FY2011 (%) | Change (%) | Q01 FY2011 R-Mil Range | Q01 FY2011 R-Mil Rank |
|--|--|-------------------|------------|---------------------------|--------------------------|
| Percentage of EBHC referrals offered that are accepted: | 50% [†] | 75% [†] | +25% | 44% – 94.6% | 4 th of 15 |
| Percentage of R-Mil referrals offered that are accepted: | 100% [†] | N/A [†] | N/A | 0% – 91.3% | N/A |
| Percentage of Behavioral Health referrals offered that are accepted: | 33.3% [†] | 75% [†] | +41.7% | 28.6% – 100% | 4 th of 15 |
| Among visits with documented suicidal ideation, the percentage of MEDCOM 774s evidencing provider risk assessment: | Inadequate data reporting. No analysis performed. | | | Program standard is 100% | |

[†] ((N/Referrals Offered) × 100)

^{††} ((N/Positive Suicide Risk) × 100)

RESPECT-Mil Staffing at Ft. Charlie: A RESPECT-Mil primary care champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training. A RESPECT-Mil behavioral health champion was assigned for the entirety of the reporting period and that individual has received formal RESPECT-Mil training.

Table 4: HUMAN RESOURCING DATA FOR FT. CHARLIE...

| Staff | # Assigned | # Authorized | Open Cases [†] | Active Cases ^{††} | Average Caseload | R-Mil Caseload Range |
|---------------------------|------------|--------------|-------------------------|----------------------------|------------------|----------------------|
| Total | 2 | 2 | — | — | — | — |
| Care Facilitators | 1 | 1 | 25 | 18 | 25 | 12 – 188 |
| Administrative Assistants | 1 | 1 | — | — | — | — |

[†] Cases open in FIRST-STEPS Care Facilitation Management System during the reporting period

^{††} Open cases with at least one contact[‡] recorded in FIRST-STEPS during the reporting period

Comments on Data: Ft. Charlie reports that no cases were referred to the RESPECT-Mil program during the reporting period. Consequently, the percentage of R-Mil referrals accepted is not reported. Reported performance against time to initial contact standards reflects referrals made in the last days of the previous reporting period.

Impressions:

- 28% of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPS or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.
- Ft. Charlie appears to be resolving some of its original implementation concerns but will require persistent effort to achieve overall performance consistent with program standards.
- RESPECT-Mil screening rate at Ft. Charlie remains low at 42.5% but has increased by 26.5% since the previous reporting period.
- Overall, Ft. Charlie evidences significant improvement over last quarter on several critical indicators of program performance.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-Mil Implementation Team to assist R-Mil staff and stakeholders at Ft. Charlie sustain or improve program performance:

- ✓ Suicide evaluation and reporting is not only an essential component of RESPECT-Mil but is paramount for patient safety. This issue should be addressed immediately.
- ✓ While screening performance did improve from last quarter, Ft. Charlie maintains a screening rate well below both program average and program standards. Thorough investigation of the screening process is necessary to rectify this significant deficiency.
- ✓ Encourage RCFs to review caseloads with BHC to appropriately disposition cases and to ensure that cases that are no longer in active care facilitation are closed in the FIRST-STEPS system.
- ✓ RCFs should review processes to identify and overcome barriers to timely contact of new RESPECT-Mil referrals.

[‡] A contact is defined as a FIRST-STEPS "snapshot" created for an open case. PRN visits are not considered in determining number of active cases

DoD STEPS-UP

Stepped
Treatment
Enhanced
PTSD
Services

Using
Primaries Care

A 6-site (18 clinic) RCT
comparing 12-months of
collaborative PTSD &
depression care vs usual
primary care.

Intensified intervention...

- aggressive case management
(behavioral activation, motivation enhancement,
centralized tracking)
- stepped psychosocial care

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